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MEDICARE HOSPITAL INFORMATION

1988 • 1989 • 1990

Volume 54

WYOMING

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FOREWORD

The mission of the Health Care Financing Administration (HCFA) is to promote the timely delivery of appropriate, quality health care to the nation's aged, disabled, and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

To that end, the annual release of the Medicare Hospital Information report is a key element in our continuing efforts to improve the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries. It is also an important step in helping beneficiaries make more informed health care decisions.

The information in this release is not intended as a direct measure of quality of care. It is best used as a "screening tool"—that is, to identify potential problems for further review and, in consultation with medical staff, to evaluate a hospital's strengths and weaknesses. Thus, we believe that consumers can use this information to ask questions of their physicians, rather than reach judgments about the quality of care in a particular hospital. We also expect this information to be used by hospital administrators, physicians, peer review organizations, State survey and certification agencies, and researchers.

This publication presents information to answer the question "What is the actual mortality rate within a certain period of time for each hospital compared to the rate that would have been predicted, given what we know about the characteristics of the patients admitted?" Our basic approach to analyzing hospital mortality information has remained unchanged for the past five years; however, since the last publication of mortality information in May 1991, we have made some significant changes both in our methodology and in the way we display the results of our analysis. The four principal changes in the 1992 report are:

- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for Federal fiscal years 1988-1990 at 30, 90, and 180 days;
- The addition of information on certain variables that we use in computing the predicted mortality rates for each hospital;
- The addition of information on the geographic origin of each hospital's patients; and

- A comparison of the average length of stay in each hospital with the average for the State and Nation.

These refinements should make this information an even more valuable educational tool to help improve the quality of care in hospitals. The changes were reviewed by a panel of outside experts. The methodology used to calculate the observed mortality rate, the predicted mortality rate, and the standard deviation are briefly described in the Technical Information section of the Introduction to this volume and in more detail in the Technical Supplement (Volume 55).

We acknowledge the assistance we have received from the American Hospital Association—not only for providing the information detailing selected hospital characteristics, but also for alerting its members to the importance of this information. We are also grateful to the personnel in each hospital who took the time to review the data thoroughly and to provide us with comments and suggestions. As before, we have published individual hospitals' comments in their respective State volumes. Over the years, these communications have helped to improve and refine the information included in this publication.

HCFA is committed to improving the Medicare Hospital Information report. To that end, we are continuing to work with representatives of hospital, consumer, employer and other organizations to make this annual report as useful as possible for all consumers.

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INTRODUCTION

The Medicare Hospital Information report contains information on acute care hospitals that treated Medicare patients discharged in Federal fiscal year (FY) 1990 (October 1, 1989—September 30, 1990).

This year's publication set consists of 54 State volumes and a Technical Supplement (Volume 55). There is one volume per State, except that California and Texas have two volumes each, Hawaii is combined with American Samoa and Guam, and Puerto Rico and the Virgin Islands are combined together in one volume.

Each hospital's two summary data pages are arranged alphabetically by hospital name in each State volume. These data pages consist of:

- The hospital's FY 1990 Medicare hospital mortality rates;
- A graphic presentation of the predicted and observed mortality rates for **most** hospitals for "All Causes" for FYs 1988—1990 at 30, 90, and 180 days;
- The FY 1990 values for selected explanatory factors used to predict the mortality rates;
- Origins and lengths of stays of Medicare admissions; and
- Hospital characteristics, such as the number of beds and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals files or, when such information was not available from the AHA file, the Health Care Financing Administration's (HCFA) Online Survey, Certification and Reporting System (OSCAR) file.

> ***Please note that the information regarding origins and lengths of stays and hospital characteristics are presented strictly for information purposes only. They were not used to calculate the hospital's predicted mortality rates.***

Toward the end of each volume, we include both State and national mortality rates developed by our analysis, as well as the comments we received from individual hospitals.

DESCRIPTION OF MORTALITY INFORMATION

The mortality rates at a given hospital may reflect, among other factors, the age, sex, diagnoses, and severity of illness of patients admitted to that hospital, as well as the quality of care they received. Factors affecting health and the probability of death vary among the patient populations served by individual hospitals. Consequently, the mortality rates in different patient populations vary considerably.

These latest analyses of the mortality rates associated with Medicare hospitalizations are similar to those carried out in the four prior years. Only one hospitalization for every patient was used. As in last year's analysis, when a patient had multiple hospitalizations during the fiscal year, one stay was selected at random to be analyzed. We believe that the use of the randomly selected admission provides a better representation of a typical hospital admission and permits us to calculate mortality rates more nearly like those the hospital itself would calculate for its patients.

Although we publish data only on deaths which occur within 180 days of admission to the hospital, for purposes of analysis our methodology actually considers deaths which occur any time within 365 days of admission (with the exception that no date of death later than April 1, 1991 is used). This is part of the formula which assesses the long-term risk of mortality. With this approach, information about the early and later results of the hospitalization is provided. This is important because diseases evolve with different time courses, and treatments may have different short- and long-term effects. The choice of at least 180 days allows substantial followup consistent with timely reporting of HCFA data.

We again analyzed the data on a fiscal year, rather than on a calendar year, basis because it allows us to report on recent hospitalizations. Also, new Medicare rules are often instituted on a fiscal year basis.

For each hospital, mortality rates are presented for overall Medicare patient mortality and for eight medical conditions and nine procedures. The information consists of the number of Medicare patients; the observed or actual mortality rate (OBS); the predicted mortality rate (PRED), given the mix of patients; and a standard deviation (SD), a measure of the uncertainty of the predicted rate.

The following information will be helpful when reviewing specific information for any given hospital.

Number Of Cases

This is the number of individual Medicare beneficiaries whose discharge in a fiscal year from the short-term, acute care hospital listed was selected for analysis. The total number of cases randomly selected for each hospital is presented under the category "All Causes." The eight medical condition and nine surgical procedure categories are subgroupings drawn from the "All Causes" selection. Although a particular patient may appear in only one of the eight medical condition categories, that same patient may also appear in one or more of the nine surgical procedure categories. Similarly, a patient may appear in one or more of the nine surgical procedure categories, even though he or she was not included in any of the eight medical condition categories.

The categories chosen for display represent HCFA's interpretation of the categories judged to be important by various outside advisors including the Institute of Medicine. The listed condition and procedure categories do not cover the reason for admission of all the hospitalized Medicare patients in this study. (The ICD-9-CM codes included in each condition and procedure category appear in Table 1 following this Introduction section.)

These conditions and procedures represent the causes for the hospital admission and/or surgical episodes during that stay; they do not necessarily represent the cause of death. HCFA does not have access to cause of death information.

Observed Mortality Rate (OBS)

The observed mortality rate for each category is the percentage of each acute care hospital's selected Medicare patients who died within 30, 90, or 180 days of the selected admission. This rate does **not** represent the percentage whose death was caused by a particular condition or procedure.

The percentage is rounded to the nearest one-tenth of one percent. Both inhospital deaths and deaths occurring after discharge but within 30, 90, or 180 days of admission are included. For example, if a hospital had 1,000 patients included in the "All Causes" category and 124 of these patients died within 30 days of the selected admission, the 30-day observed mortality rate would be 12.4 percent; if an additional 17 patients died more than 30 but less than 91 days after admission, the 90-day observed mortality rate would be 14.1 percent; and if an additional 13 patients died more than 90 but less than 181 days after admission, the 180-day observed mortality rate would be 15.4 percent.

It is important to note that the observed mortality rate is cumulative; e.g., the 90-day observed mortality rate includes all deaths which occur within 30 days of admission, as well as those occurring more than 30 and less than 91 days after admission.

Predicted Mortality Rate (PRED)

The predicted mortality rate for each hospital's patients is derived in part by determining, based on national experience, the contribution to the probability of dying associated with various patient characteristics such as:

- Principal diagnosis (grouped into 23 analytical risk categories),
- Age,
- Sex,
- Previous hospital admissions within the prior six months,
- Admission source (e.g., physician reference, skilled nursing facility reference),
- Admission type (e.g., elective or emergency), and
- The presence of up to seven comorbid conditions—cancer, chronic cardiovascular disease, chronic renal disease, chronic liver disease, chronic pulmonary disease, cerebrovascular degeneration, and chronic diabetes. A list of the ICD-9-CM codes defining the comorbid conditions is in Table 2 following this Introduction section.

Standard Deviation (SD)

The standard deviation is a tool to gauge the extent to which the difference between the observed and predicted mortality rate is meaningful. In general, the greater the difference between the two rates, the greater the probability that the difference represents an actual variation from what would be expected in view of the national experience. The less chance that the difference between the PRED and the OBS can be attributed to statistical variability, the more grounds for possible concern about the institution's performance.

Information on how to use the SD to construct prediction intervals for use in assessing the real difference between the OBS and the PRED is included in the Technical Information section of this Introduction. The precision and interpretability of the estimates are weaker when there are no deaths or 50 or fewer cases in a particular category being analyzed. Thus, for these instances, dashes ("---") are placed in the SD column.

Observed Mortality Rate And Predicted Range For Medicare Patient Admissions For All Causes

Also in this year's report, we have presented graphs that display the information for most hospitals described above for FYs 1988 and 1989, as well as FY 1990. (In particular, these graphs could not be computed for hospitals that had 50 or fewer cases or no deaths in FYs 1988, 1989, or 1990). In constructing the graphs, we used 2 times the standard deviation to approximate a 95 percent prediction interval. The observed mortality is shown as a dot (•). The predicted mortality is shown at the middle of a range of mortality rates. The bottom of the range is the predicted mortality minus twice the standard deviation, and the top of the range represents the predicted mortality plus twice the standard deviation. The graphs for FY 1988 and FY 1989 are based on new random samples and new computations for this year's report. Thus, the calculations for some hospitals for FY 1988 and FY 1989 may be different from previous releases, because we are including more current data in this year's report.

FY 1990 Values For Selected Explanatory Factors Used To Predict Mortality Rates

This year's report includes the FY 1990 average at each hospital of many of the explanatory factors used to predict that hospital's mortality rates. This information provides a profile of the patients used in the analysis and should help to identify possible systematic coding errors in the claims data used to calculate the mortality rates. These percentages are derived from the patients included in the sample and should be applied to the total number of cases listed in "All Causes." It is important to note that neither the admission sources/types nor the comorbidities categories are mutually exclusive. For example, a patient could be both "referred by his personal physician" and "admitted for elective procedure." Similarly, a patient could have secondary diagnoses of both cancer and diabetes.

Information Sources And Notes

We believe that when the mortality rate information is properly understood and applied, it can be very useful; it can also be misleading if it is interpreted incorrectly. The information simply describes one of several possible outcomes at a hospital—postadmission mortality for Medicare beneficiaries.

Mortality information is not necessarily representative of a hospital's total performance in all aspects of patient care. Individual hospitals may have very good reasons for their rates being higher than the rates predicted by the HCFA model. For example, one hospital might have different death rates than another because its patient mix is not fully accounted for by the model.

Accordingly, we offered each hospital the opportunity to review their specific information and to provide comments to HCFA and the public, and we included those comments that were received timely at the end of this volume. Users should read the discussions about the uses and limitations of the mortality information found on page xiii, as well as any comments a hospital may have provided.

Hospitals In The Analysis

The hospitals included in this analysis are participating in Medicare as short-term, acute care facilities—all have a zero in the third position of their Medicare provider number. All other hospitals—those with something other than a zero in the third position of their provider number, such as rehabilitation facilities or psychiatric institutions—were excluded. This year, as in the past two years, we have also excluded hospices.

In some cases, we have included data for hospitals that closed, changed ownership, or changed management either during or subsequent to FY 1990. Our data included for those institutions reflects the situation as it existed at the time the hospitalizations analyzed occurred.

Data Sources

This report is based primarily on Medicare hospital billing information for Federal fiscal years 1988, 1989, and 1990. While the principal source of the data for the analysis was the HCFA-maintained Medicare Provider Analysis and Review (MEDPAR) file, which contains information about each Medicare hospitalization, some of the information about beneficiaries, such as date of death, was obtained from the Social Security Administration. Hospitals submit bills to HCFA's fiscal intermediaries (which handle claims for the inpatient care provided to Medicare beneficiaries) which, in turn, submit this information to HCFA. The file is updated on a quarterly basis. Our analysis was based on information available following the June 1991 update of the MEDPAR file. It is estimated that by that time (nine months after the close of the fiscal year), 98 percent of all Medicare discharges in FY 1990 are included in the file.

Possible Limitations Of The Data

In any large-scale data base, such as the one dealing with Medicare hospitalizations, there will be gaps or inaccuracies. For example, last year some hospitals had not accurately reported the source or type of admission, and thus erroneous information was included in the analysis for those hospitals. However, the fact that the files contain information on about 10 million hospital admissions to nearly 6,000 hospitals for each year provides some assurance that, for purposes of the statistical analysis conducted here, the information that might be

missing or inaccurate is such a small portion of the total that it would have little effect on the results for national estimates. Nevertheless, it may substantially affect an individual hospital if it were the source of the inaccurate information.

While we feel that the information used in this analysis is thorough and complete, there are a few points to keep in mind as you review the mortality information.

The information used is billing data; it is only as good as the information submitted by hospitals as part of the payment process. Although there is always a possibility that coding errors are included, we assume that, given the link to payment, hospitals have an incentive to submit bills accurately and promptly. We do know, however, that some hospitals submitted incomplete or erroneous data.

For example, following last year's public release of the hospital mortality data, several hospitals wrote to HCFA indicating that they had submitted incorrect data. Furthermore, they stated that if they had given us the correct information, their predicted mortality rates would have been higher than those presented in HCFA's report. Therefore, in this year's report we have annotated those hospitals' data pages with a footnote stating: "This hospital says that it submitted inaccurate data to Medicare and claims that its predicted mortality rate should be higher than that presented above." At this point, however, HCFA cannot confirm the validity of those hospitals' claims. The analysis results might very well be different if the data on which they were based were submitted accurately by those hospitals.

In our previous analysis of mortality data, we discovered that some States had zero admissions from a skilled nursing facility. While some of these problems were corrected on the MEDPAR files used for this analysis, at the time this study was initiated we found empirical evidence that some of the files still contained suspect information. The suspect data were identified by noting those months (date of discharge) and fiscal intermediaries for which the type and source of admission fields appeared to be interchanged. Based on our findings, we reversed these fields to at least partially correct the remaining discrepancies. The following list shows the specific instances for which the fields were reversed for this analysis.

TYPE AND SOURCE OF ADMISSION FLIPPED

FI No.	FI Name	Dates
00030	Arizona Blue Cross	10/01/86 — 12/31/88
00080	Maryland Blue Cross/DC	06/01/87 — 09/30/87
00190	Maryland Blue Cross	06/22/87 — 12/31/88
00400	Texas Blue Cross	12/07/87 — 12/31/88

How To Use This Information

There are several key points to remember about the use of this information. **First, it is important to understand that the difference between the hospitals' mortality rates and the predicted rates in the tables in this report may not be a direct measure of the quality of care rendered in the hospitals.**

Second, the usefulness of this information depends upon the accuracy with which mortality rates can be predicted. We do not currently have any direct measurement tool with which we can fully adjust for severity of patient illness differences among hospitals. For instance, two hospitals may have very different death rates for patients admitted for stroke, even after we have adjusted for age, sex, and several other factors. This might happen because one hospital's stroke patients may consist of a significant number who are admitted in a coma (and are thus more likely to die), whereas another hospital's patient population may represent a broader spectrum of patients with cerebrovascular problems, or because these two hospitals, in fact, do provide different levels of quality of care. In addition, other factors affecting the probability of death in a particular case (e.g., family status/support, overall health status of the patient, etc.) are not included in the predictive model because information on them is not readily available.

Nevertheless, we believe that the information presented in this publication is an important contribution to the health care community and should be helpful to a wide range of individuals and organizations including consumers, hospital administrators, physicians, PROs, and researchers.

Use By Consumers — Some Key Questions

Consumers should read carefully the explanations of the uses and limitations of the information. Listed below are some questions that we recommend a consumer think about before choosing a hospital. Please keep in mind that this is not a comprehensive list, but it should serve to illustrate the types of questions that are important to consider.

- Why are the hospital's observed mortality rates for "All Causes" consistently and significantly above the predicted rates for FY 1990?

- Why are the hospital's observed mortality rates for the condition for which I need treatment or the procedure I will undergo consistently and significantly above the predicted rates for FY 1990?

- How does this hospital's pattern of mortality compare with that of other hospitals in the State and Nation?

- Is the number of cases too small to present a satisfactory picture of the hospital?

- Does the hospital treat a large number of cases in the category for which I need treatment?

- Does the hospital treat a large number of patients who have several co-existing illnesses or who otherwise are likely to be "sicker" than average?

Other Users Of This Publication

Among other users of this publication, we expect that the hospital administrator (in consultation with medical staff) will find the information most useful as a screening tool to evaluate a hospital's strengths and weaknesses. We know that some hospitals and their medical staffs, using established and newly emerging quality assessment techniques, are seeking information that will result in improved health care delivery.

Outside Assistance In Developing This Publication

The development and presentation of the Medicare Hospital Information report continues to be an important part of HCFA's responsibilities in the health care community. To make the information as accurate and useful as possible, over the past several years we have discussed the theoretical framework and statistical approach with a number of nationally recognized technical experts in appropriate fields. Based on their recommendations, we believe that the models used in these analyses continue to be reasonable and appropriate.

In the past, we have conducted validation studies of our methodology. In general, these studies have found correlation between poor quality care and hospitals whose observed mortality rates significantly exceed the rates that would have been predicted. However, we have also found that detailed clinical data which more thoroughly characterize the severity of patient's illness, while they do not materially affect results describing the general pattern of mortality, do, in specific instances, alter our assessment of the comparison of the observed to the predicted mortality rates.

The format for presentation, the process for sharing the information with individual hospitals, and the statistical methodology have been discussed at various meetings with leaders of organizations representing Medicare beneficiaries, physicians, and hospitals. Also, we have spent many months reviewing the comments received from the hospitals regarding their patient-specific data for earlier years and our previous mortality information reports. Many suggestions from these sources have been incorporated into this report.

We have carefully investigated comments from individual hospitals on apparent discrepancies or errors generated in previous years. These discrepancies rarely had an effect on a hospital's overall mortality rate. Most of these instances fell into the following two broad categories.

- **Inaccurate Date of Death —** We found that inpatient billing coding errors (e.g., a hospital bill indicating that the patient's status at time of discharge was "expired" when the patient had, in fact, left the hospital alive) created many of these errors. We now have mechanisms in place that allow a continuous update of HCFA's master file, thereby enabling us to make corrections.

- **Discrepant Case Counts —** Our analysis counts only one acute care discharge in a fiscal year; normally, hospitals count each discharge. Thus, a patient admitted three times in a year would count three times for the hospital, but only once for the purpose of analyzing Medicare hospital mortality data presented in this report.

We believe it is important for consumers of health care to have access to as much information about hospitals as possible when making health care choices. Along with hospital characteristics information, we have added this year information about the origin and length of stay of Medicare admissions. This information is presented for comparative purposes only and was not used in calculating a hospital's predicted mortality rates. These data were not part of the analyses, and any errors or discrepancies in them do not affect the predicted mortality rates.

ORIGIN OF MEDICARE ADMISSIONS

Data on the geographic origin of each hospital's patients are presented in this year's report. We obtained from the Health Insurance Master file the State and county of residence for each Medicare beneficiary discharged from a Medicare-certified, acute care hospital during FY 1990. We then compared that information with the location of the hospital to determine the percentage of all discharges where the patient lived within the same city/county as the hospital location, within the State where the hospital is located, or outside the State. The percentages are derived by dividing the number of discharges of beneficiaries in a geographic category by the total number of Medicare discharges from the hospital. Please note that these are percentages of total Medicare discharges, not of the mortality sample alone.

MEDICARE AVERAGE LENGTH OF STAY

We obtained from the MEDPAR file the total days of care—both Medicare covered and noncovered—and divided that total by the number of discharges from each hospital. Total, rather than covered, days were used because, under the Prospective Payment System (PPS), if a Medicare patient has at least one day of hospital coverage available to him in the current spell of illness, the hospital will be paid the full diagnosis related group (DRG) amount plus any approved outlier amount, regardless of the number of days actually used.

Example: Hospital A had 2,513 Medicare discharges with a total of 24,379 days.

Calculation: $\frac{24,379}{2,513} = 9.7$ days

The Medicare average length of stay is 9.7 days.

HOSPITAL CHARACTERISTICS

As noted previously, we have again included information on selected hospital characteristics such as the number of beds, occupancy rate, ownership, staffing, and specialty services. This information was obtained from the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals, with the exception of the case mix index (CMI), which was derived from HCFA billing data. This file consists of information voluntarily reported by hospitals to the AHA. In instances where AHA data were unavailable, for example for hospitals that did not respond to the AHA survey, we derived the information from HCFA's Online Survey, Certification and Reporting system (OSCAR). The hospital characteristics and the specific special services listed were selected with the concurrence of the AHA as being those most meaningful to the Medicare population. Information on these specific data elements follows.

AHA Definitions (except for CMI)

Survey and Year — AHA 1990. Source is the American Hospital Association's 1990 Annual Survey of Hospital files.

Profile

Total beds (#) — Number of beds (including subacute beds), cribs, and pediatric and neonatal bassinets regularly maintained (set up, staffed, and ready for use) for inpatients as of the close of the reporting period; does not include bassinets for normal newborn infants.

Occupancy rate (percent) — Ratio of average daily census to the average number of beds (statistical beds) maintained during the 12-month reporting period. (NOTE: The number of these "statistical beds" may differ from the bed count at the close of the reporting period.)

Ownership/control — State government, local government, district/authority, church, private nonprofit, private for profit, or Federal Government.

Medicare discharges — The total number of inpatient discharges for Medicare patients for those hospitals selected for the mortality calculations, including all discharges for persons with more than one hospitalization during the year. (The mortality data include only one randomly selected discharge for each hospitalized enrollee. Therefore, this figure may reflect more discharges than the actual number of cases randomly selected for the mortality study.)

Case mix index (CMI) — A measure of the overall complexity of the Medicare cases treated by a given hospital compared to the complexity of the national average case mix. The CMI represents the relative costliness of each hospital's mix of cases compared to the national average mix of cases. A CMI of greater than one means that a hospital treats more complex cases than average. A CMI of less than one means that a hospital treats less complex cases than average. The CMI for each hospital is calculated on an annual basis. In this report, the CMI presented for each hospital is calculated based on its discharges in FY 1990.

A hospital's CMI is calculated by multiplying the number of cases in each DRG by the relative weight of that DRG, summing the products, and dividing the sum by the total number of cases for the year. For calculating the FY 1990 CMI, use the DRG relative weights published in the *Federal Register*, Volume 54, Number 169, pages 36468 ff., dated September 1, 1989.

Staffing (all AHA counts are as of 9/30/90)

Total number of physicians — Total active and associate medical staff.

Percent of physicians who are board-certified specialists — Physicians who have passed an examination given by a medical specialty board and have been certified by that board as a specialist.

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

Burn Unit — Provides more intensive care to severely burned patients than the usual acute nursing care provided in medical and surgical units. Beds must be set up and staffed in a unit specifically designated for this service.

Cardiac Intensive Care — Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel, and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure,

open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. Beds must be set up and staffed in a unit(s) specifically designated for this service.

Comprehensive Geriatric — Provides diagnostic and evaluation services that determine elderly patients' long-term care needs. It includes the assessment of medical conditions, functional activities, and mental and emotional conditions, and incorporates these into a treatment plan which includes family and financial concerns as well as medical needs.

Hospice Care — A program providing primarily medical relief of pain and support services to terminally ill patients and assistance to their families in adjusting to the patients' illness and death.

Medical/Surgical Intensive Care — Provides nursing care to adult and/or pediatric patients of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Included are medical-surgical, pediatric, and psychiatric (isolation) units. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or life-threatening conditions, require intensified, comprehensive observation and care. These units may also include cardiac care when such services are not approved in a distinct cardiac care unit. This category is called "intensive care unit" in OSCAR.

Organ/Tissue Transplant — The hospital has the necessary staff and equipment to perform the surgical removal of a viable human organ or tissue from a donor, either living or deceased, and the surgical grafting of the organ/tissue to a suitably evaluated and prepared patient.

Other Intensive Care — Provides nursing care to adult and/or pediatric patients with a specialized disease or condition of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Examples reported include oncology or spinal cord injuries. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment appropriate for the patients' specialized conditions.

Trauma Center — Provides emergency and specialized intensive care to critically injured patients.

Other Specialty/Hospital-Based Services

Alcohol/Drug — Hospital services for the medical care and/or rehabilitative treatment of outpatients whose primary diagnosis is alcoholism or other chemical dependency.

Rehabilitation — A unit having designated beds and providing a comprehensive array of multidisciplinary medical rehabilitation services.

Psychiatric — Care provided to emotionally disturbed, chronically mentally ill, mentally disordered, or other mentally incompetent patients on the basis of physicians' orders and approved nursing care plans. Beds must be set up and staffed in units specifically designated for this service.

Medicare Swing Beds — The hospital is certified by Medicare to provide "swing bed" services; that is, some acute care beds can be used for skilled nursing facility type care in the hospital for Medicare purposes.

OSCAR Definitions (except for CMI)

Survey and Year — HCFA, most recent year. Data were derived from the Online Survey, Certification and Reporting System (OSCAR).

Profile

Total beds (#) — Total number of operational beds eligible for Medicare payment.

Ownership/control — Church; private, nonprofit; other nonprofit; proprietary; Federal Government; State government; local government; and hospital district or authority.

Case mix index (CMI) — See definition shown in AHA "Profile" section.

Staffing

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

NOTE: There are no specific definitions of specialty services in OSCAR. Characteristics are self-reported by each hospital at initial Medicare certification and recertification, and are generally understood to parallel the explicit AHA definitions (above). The AHA categories "comprehensive geriatric" and "other intensive care" are not available in OSCAR. However, they may be included in the OSCAR category of other specialty services (not shown in table).

Coronary Care — See definition shown in AHA "Specialty Services" section.

Intensive Care Unit — See definition shown in AHA "Specialty Services" section. These units may also include other intensive care units in OSCAR reporting.

Organ Transplant — See definition shown in AHA "Organ/Tissue Transplant" section. May include tissue transplants because there is not a separate field in OSCAR for these services.

TECHNICAL INFORMATION

DATA SOURCES

The data analyzed in this report are obtained from the Medicare Provider Analysis and Review (MEDPAR) file for the fiscal years 1987-1990, which contains information on the hospital stays of Medicare beneficiaries. The principal sources of data for this file are the bills (known as HCFA-1450 or UB-82) submitted by the hospitals to HCFA through fiscal intermediaries. The MEDPAR file also contains data about the beneficiaries, such as age, sex, and date of death, which are obtained from the Social Security Administration, the Railroad Retirement Board, or the Office of Personnel Management.

Hospital stays with discharges in fiscal years 1988, 1989, and 1990 were used in these analyses. Hospital stays in 1987 were used only to characterize the prior admissions of the patients in the 1987 cohort. Only acute care hospital stays in short-term (general and specialty) hospitals were selected. These hospitals have a "0" in the third position of their Medicare provider number. Hospital stays in institutions (designated by a "9" in the fourth position of the provider number) and hospital stays in psychiatric units, rehabilitation units, swing-beds and alcohol/drug units (with "special unit codes" of S, T, U and V, respectively, in the third position) were excluded.

THE MORTALITY MODEL

For each beneficiary in each year one hospitalization was selected at random. Choosing a specific hospitalization is necessary to avoid multiple counting of the same death for that year. Selecting a random hospitalization instead of the first or last in the year produces mortality rates that are more representative of the rates that a hospital might calculate for its patients. Also, the mortality rates based on this random selection process reflect an intermediate position between the rates produced by the alternatives.

The selected hospital stays were analyzed separately by analytical category. The analytical categories were created by grouping ICD-9-CM diagnosis codes that had similar mortality patterns. The procedures for creating the analytical categories and the groups of ICD-9-CM diagnosis codes that defined them are detailed in the Technical Supplement.

The mortality experience of the patients was evaluated as a function of time within 365 days of the admission. The factors included in the mortality model used to evaluate each patient's probabilities of death are given in Table 3. They consist of demographic characteristics (age and sex), major comorbidities (chronic diseases likely to have been present at admission and believed to

complicate management and increase the likelihood of an adverse outcome), prior admissions (grouped into five risk or severity levels) within the 6 months preceding the admission evaluated, admission type (emergent, elective, etc.), and admission source (referral from the physician's office, the nursing facility, etc.). The specific reason for the admission (the principal diagnosis) and the performance of selected surgical procedures were additional factors used in the estimation of the predicted probability of death (see below).

The observed mortality rate for a hospital was calculated by means of the lifetable method ("The LIFETEST Procedure," Chapter 22, SAS User's Guide: Statistics, Version 5 Edition, pages 529-557).

ANALYTIC TECHNIQUES

A time-to-event or survival model with explanatory or concomitant variables was used to ascertain the influence of the patient characteristics listed above on the probability of death. A feature of such a model is allowance for "right censored" observations. Generally, these are events or outcomes which would have occurred but for some interference that prevents further observation. In the present analysis, "right censoring" occurs when a patient is withdrawn alive from the study April 1, 1991 or at the end of the followup period of 365 days.

The survival function, S(t), is one of several equivalent ways of expressing the model. Another form uses the cumulative distribution function or the mortality function

$$F(t) = 1 - S(t).$$

Another useful formulation of these models is the hazard function, h(t), also known as the force of mortality or risk function. The hazard is the rate of decrease in the number of survivors relative to the number of survivors at a specific time. Mathematically, the hazard function is

$$h(t) = -\frac{1}{S(t)}\frac{dS(t)}{dt} = -\frac{d\ln(S(t))}{dt}.$$

The probability density function, f(t), commonly used in statistical texts can be expressed as follows:

$$f(t) = \frac{dF(t)}{dt} = h(t)S(t).$$

The area under the survival curve is the expected value for t. In some cases, the area under the survival curve is restricted to an interval 0-t_1 where t_1 might be one year, for example.

The specific time-to-event or survival model used in the present analysis is Bailey's modification of the Makeham model. The survival function for the Bailey-Makeham model is

$$S(t) = \exp\left\{-\delta t - \left(\frac{\alpha}{\gamma}\right)(1 - \exp(-\gamma t))\right\}$$

where

$$\alpha = \exp(\alpha_0+\alpha_1 x_1+\ldots+\alpha_i x_i+\ldots+\alpha_k x_k)$$
$$\gamma = \exp(\gamma_0+\gamma_1 x_1+\ldots+\gamma_i x_i+\ldots+\gamma_k x_k)$$
$$\delta = \exp(\delta_0+\delta_1 x_1+\ldots+\delta_i x_i+\ldots+\delta_k x_k)$$

are the expressions for each of the structural parameters α, γ, and δ in terms of the k concomitant variables x_i and their associated component parameters α_i, γ_i, and δ_i for i=1, 2,..., k and three intercepts or component parameters α_0, γ_0, and δ_0. The structural parameter δ is the long-term risk which is approached as $t \rightarrow \infty$. The structural parameter α is the initial excess risk which decays with rate constant γ.

For the survival function given above, the risk or hazard function has an especially tractable form of an exponential decay which approaches a long-term risk, δ. The hazard function corresponding to the survival function above is

$$h(t) = \alpha\exp(-\gamma t) + \delta .$$

The estimation of the component parameters was carried out in a series of steps in which those covariates which had estimable and statistically significant ($p<0.05$) influences of the probability of death were identified for inclusion in the model. As the model for each of the 23 risk categories was estimated separately, different lists of covariates were used for the final core models.

This first step was followed by the estimation of the additional contribution of specific principal diagnoses in each risk category. In these analyses, the effects of the patient characteristics included in the core models were corrected for. Only those principal diagnoses were retained which were estimable and had more than 900 cases (more than 300 for codes identified by year). Similarly, after adjustment for the effects of both the variables in the core model and the principal diagnoses, correction terms were calculated to estimate the additional information about the probability of death associated with the categorization of the patients into the clinical groups used for the presentation of the data in the mortality tables (see below). These correction terms were negligible for the medical categories but substantial for the surgical categories.

Once the component parameters or regression coefficients α_i, γ_i, and δ_i have been estimated, the predicted probability of patient death at any specified time after admission, 1-S(t), may be calculated for all individuals. To obtain the predicted mortality rate up to a given time for a hospital, it is then only necessary to average over the predicted probabilities of death of its patients to that time.

The analytical categories are useful for grouping the patients into relatively risk-homogeneous strata for the regressions. However, to gain insights into patterns of practice at hospitals, the data are presented for patients grouped into clinically meaningful medical and surgical categories. The 17 clinical categories used in the mortality tables and defined in Table 1 were identified by the Institute of Medicine as being of particular medical and epidemiologic interest.

Estimation of the Standard Deviation for Predicted Mortality

The standard deviation of the predicted mortality rate is used to assess how statistically different the observed mortality rate is from the rate predicted by the national experience with like patients. The standard deviation depends, in fact, on the variance of the residual or the difference between the observed, P, and predicted, $\hat{\Theta}$, mortality rates.

The residual has four components V_1, V_2 , V_3, and V_4 where V_1 is the variance of the estimate of the predicted probability of death. This computationally intensive term was negligible for nearly all cases, compared to other components of variance. Consequently, this term was not included in the present analysis.

V_2 is the binomial variance for n patients

$$V_2 = \frac{\hat{\Theta}\left(1 - \hat{\Theta}\right)}{n}.$$

V_3 is the variation among hospitals not explained by the mortality regression models containing the patient characteristics described above.

$$V_3 = \widehat{\mathrm{Var}(\Theta)} = \left(1 - \frac{1}{n}\right) \widehat{M_2(\Theta)}$$

where

$$\widehat{M_2(\Theta)} = \left\{ \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics and} \\ \text{adjustment for hospital effects} \end{array} \right) - \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics,} \\ \text{but omitting the hospital specific effects} \end{array} \right) \right\}^2 \left(\frac{1}{z_p^2} \right)$$

The quantity z_p corresponds to the statistical significance (p-value) of the hospital-specific effect.

V_4 is the variation not explained by the mortality regression models which each include, in addition, an indicator variable for the hospital:

$$V_4 = \left\{ \left(\text{Observed mortality} \right) - \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics, and} \\ \text{adjustment for the hospital specific effects} \end{array} \right) \right\}^2$$

(The regression coefficients of the indicator variable for the hospital are a measure of the influence on the probability of patient death of factors not otherwise specified in the model. These factors include severity of illness not adequately reported on by the patient characteristics deduced from the claims data and the hospital's pattern of practice; i.e., performance.)

The standard deviation given in the mortality tables is just

$$SD = \sqrt{V_2 + V_3 + V_4}.$$

Standardized Mortality Ratio (SMR)

Another method of evaluating a hospital's performance—the Standardized Mortality Ratio (SMR)—is obtained by dividing the observed mortality rate by the predicted mortality rate. An SMR of one means the observed and predicted mortality are equal. A ratio greater than one means the observed mortality exceeds the predicted. A ratio less than one means the observed mortality is less than expected. The more extreme the ratio (significantly greater than one indicating unusually high mortality and significantly less than one indicating unusually low mortality), the greater the attention which should be paid to the results of this mortality report.

For each of the conditions and procedures, selected percentiles for the observed distribution of the SMR are displayed in Table 4. The selected percentiles provide benchmarks for comparison. For example, for a hospital

with 300 cases in the "All Causes" category, with observed mortality of 12.2 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 12.2/10.0 = 1.22.

Note that an SMR of one means the observed and predicted mortality are equal, while a ratio greater than one means the observed mortality exceeds the predicted, and a ratio less than one means the observed mortality is less than expected. There will be greater interest in the more extreme ratios, either greater than one — excessively high mortality — or less than one — extremely low mortality.

From Table 4 for FY 1990, we find that the ratio is just below the 75th percentile of 1.23. Hence, slightly under 75 percent of the hospitals have an SMR less than that found at this hospital.

However, for a hospital with 900 cases in the "All Causes" category, with observed mortality of 19.3 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 19.3/10.0 = 1.93.

Since the SMR of 1.93 is greater than the 97.5 percentile of 1.35 (Table 4 for 750 or more cases), there is cause for concern. To further assess this, we examine the displayed data in terms of the measure of uncertainty, the standard deviation.

Measures of Uncertainty

In principle, to use the standard normal approximations to determine prediction intervals, an adjustment must be applied for the skewness and kurtosis inherent in a mortality rate when the rate is considerably less than 50 percent and the number of cases is small. Table 5 presents the multiplicative factors, based on the binomial distribution, for the standard deviation needed to construct prediction intervals for the mortality rates at confidence levels of 75, 95 and 99 percent. Because of the approximations involved in the estimation of the skewness and kurtosis corrections, their precision decreases as the number of cases and the mortality rate decrease; i.e., as the value of the correction increases. In addition, because of simplifications and approximations in the estimation of the standard deviation, the precision of the multiplicative factors given in Table 5 exceeds the precision of the estimate of the standard deviation. Hence, the following rule-of-thumb represents an adequate approximation to the factors in Table 5 and an adequate guide to the **statistical meaningfulness** of the difference between the observed and the predicted mortality rates.

To illustrate the use of Table 5, consider a hospital with 75 cases and a predicted mortality of 13.0 percent with a standard deviation of 5.0 percent. Overall, for hospitals with patients with characteristics similar to those of this hospital, we would expect the actual or observed mortality rate to lie, 95 percent of the time, either between 13.0 percent and 22.9 percent if the actual is larger than the predicted, or between 3.3 percent and 13.0 percent if the actual is less than the predicted. That is because 22.9 percent = 13.0 percent + 1.98 x 5.0 percent, the factor 1.98 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Upper Bound," the row "75" for the number of cases, and, by interpolation, between the "10 percent" and the "20 percent" predicted mortality rate columns. Similarly, 3.3 percent = 13.0 percent - 1.94 x 5.0 percent, the factor -1.94 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Lower Bound" and the corresponding row and columns.

Therefore, in comparing the actual and predicted rates, more attention should be given to the hospital whose observed mortality rate lies beyond the bounds calculated for the 99 percent prediction interval than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 95 percent prediction interval. Likewise, more attention should be given to that hospital than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 75 percent prediction interval.

For the graphs, the observed mortality and an approximate 95 percent prediction interval are displayed. The prediction interval has bounds at the predicted mortality plus 2 times the standard deviation and at the predicted minus 2 times the standard deviation.

In the mortality rate tables, the observed and predicted mortality rates and the standard deviation as a measure for statistical importance of the difference are displayed for the overall and each of the conditions and procedures.

How To Obtain Medicare Hospital Information

The publication has been widely distributed to State health organizations and hospital and medical associations. The publication is available to the public for purchase in 55 volumes, with each volume being sold separately through the Government Printing Office (GPO). More detailed information about the purchase of this publication may be obtained by contacting:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402
Telephone: (202) 783-3238

As in prior years, the information appearing in the Medicare Hospital Information report is available in machine-readable/electronic format (tape and diskette). The Medicare Hospital Information public use file provides the published information as contained in the 55-volume hardcopy publication, except that the AHA's hospital characteristics are not on this file. Hospital characteristics from HCFA files (OSCAR) are provided instead. The files contain additional information which is useful for supplemental analyses: averages by hospital, MSA, and State for each of the variables used in the model, mortality rates for 15, 30, 60, 90 and 180 days, and cross-reference files which relate State, MSA, and ICD-9-CM codes used to a name. These data should allow analysts to assess an individual hospital's performance in comparison to all hospitals in the State or applicable MSA.

Also available to **hospitals** in machine-readable format is their patient-specific data that were used in the report. These data include the patient variables used in the analysis (e.g., the number and severity level of prior hospitalizations considered by the methodology, admission source and type, etc.) and the predicted probability of death at each time interval for each individual included in the study. With these data it is possible for hospitals to better understand their statistics. **Due to confidentiality considerations, requests for patient-specific data must be forwarded on hospital letterhead, must include the institution's Medicare provider number, and must be signed by the hospital administrator.**

For information about obtaining Medicare Hospital Information electronic media data, please contact HCFA's Bureau of Data Management and Strategy at:

Health Care Financing Administration
Bureau of Data Management and Strategy
Office of Statistics and Data Management
3-A-10 Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207
Telephone: (410) 597-5151

Table 1

DIAGNOSTIC AND PROCEDURE CATEGORIES

The following lists the ICD-9-CM diagnostic and procedure codes used to classify and group patients for presentation

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Heart Disorders/Procedures	
Acute Myocardial Infarction (AMI)	All of 410 (D) (on 10/1/89 exclude 410 with 5th digit of a 2)
Note: *For code 410 a 5th digit was added on October 1, 1989.*	
Congestive Heart Failure (CHF)	398.91, 402.01, 402.11, 402.91, 428.0, 428.1, 428.9 (all D)
Angioplasty (ANGPLSTY)	All of 36.0 (P) excluding 36.00, 36.03, 36.04, 36.09 (all P)
Note: *Code 36.0 had a 4th digit added on October 1, 1986. Code 36.0 got digits of 0, 1, 2, 3, and 9, and code 36.04 got some previously coded cases of 39.97. On October 1, 1987, code 36.01 was divided into 36.01 and 36.05, and some cases from 36.02 were put into 36.05.*	
Coronary Artery Bypass Graft (CABG)	All of 36.1(P) and not Angioplasty (see above)
Pacemaker Insertion, Initial (PACE)	37.73, 37.74, 37.75, 37.77 (after 10/1/87 use 37.70 through 37.73) (all P)
Note: *Code 37.70 was restructured on October 1, 1987. Previously the code contained both leads and devices. On October 1 these were separated and devices were coded as 37.80 through 37.83, and codes for the leads were changed into various 37.70 codes.*	

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Pulmonary Disorders	
Pneumonia/Influenza (PNU)	All of 480, all of 481, 482.2, 482.3, 482.9, 483, 485, 486, 487.0 (all D)
Chronic Obstructive Pulmonary (COPD)	All of 491, all of 492, all of 494, Disease all of 496; and 466.0, 518.82, 518.5, and 786.09 when there is a secondary diagnosis of any 496 (all D)
Note: *Code 518.8 got a 5th digit on October l, 1987. Some cases from 799.1 were put into codes 518.81 and 518.82.*	
Cerebrovascular Disorders/Procedures	
Transient Cerebral Ischemia (TCI)	433.1, 433.3, 435 (D) and exclude those patients with an endarterectomy at the time of admission—38.12(P)
Stroke (STK)	431, 434 through 434.9, 436 (all D)
Carotid Endarterectomy (ENDART)	38.12 (P) with 433.1 (D); 433.3 (D) or 435(D) as a principal diagnosis
Musculoskeletal Disorders/Procedures	
Fracture of Neck of Femur (FXHIP)	All of 820 (D)
Hip Replacement/Revision (HIPREP)	81.5, 81.6 (exclude 81.69) (all P). On 10/1/89 code 81.51 (P) through 81.53 (P) with same diagnoses.
Open Reduction of Fractured Femur (OPRDUX)	79.35(P) on condition of 820 (D) as principal diagnosis

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Genitourinary Disorders/Procedures	
Prostatectomy (PROS)	60.2, 60.3 through 60.69 (all P)
Hysterectomy (HYS)	68.3 through 68.7 (P)
Gastrointestinal Disorders/Procedures	
Cholecystectomy (CHOLOTMY)	51.22 (P)
Sepsis	
Sepsis	003.1, 020.2, 022.3, 036.2, 036.3, 036.89, 036.9, 038.0, 038.1, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9, 054.5

Table 2

COMORBIDITY CONDITIONS

(all are D codes)

COMORBIDITY	ICD-9-CM CODES
Cancer	141-160.9, 162-172.9, 174-208.91
Chronic cardiovascular disease	412-414.9, 426-429.1
Chronic liver disease	571-572.8
Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
Chronic diabetes	250.01, 250.1-250.91
Chronic pulmonary disease	491-493.91, 496
Cerebrovascular degeneration	290-290.9, 294-299.9

Table 3

EXPLANATORY VARIABLES FOR THE MORTALITY MODEL

Generally the same variables are used for all diagnostic categories.

Demographics

SXFM — An indicator variable: = 1 if Female, 0 otherwise

AGEFM = AGESP if SXFM = 1, 0 otherwise
AGEML = AGESP if SXFM = 0, 0 otherwise

where

$$AGESP = \text{sign}(W-65)\left(\left|\frac{W-65}{65}\right|\right)^{1.44}$$

and

$$W = \left\{ \begin{array}{c} 23 \text{ if } AGE \leq 23 \\ AGE \text{ if } 23 < AGE < 100 \\ 100 \text{ if } 100 \leq AGE \end{array} \right\}$$

Comorbidities		**ICD-9-CM Codes**
(Indicator variables = 1 if comorbidity present on current or prior admission with discharge within 6 months prior to current admission, 0 otherwise)		
CCA	Cancer	141-160.9, 162-172.9, 174-208.91
CCV	Chronic cardiovascular disease	412-414.9, 426-429.1
CLV	Chronic liver disease	571-572.8
CRN	Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
CDI	Chronic diabetes	250.01, 250.1-250.91
COP	Chronic pulmonary disease	491-493.91, 496
CCE	Cerebrovascular degeneration	290-290.9, 294-299.9

Co Occurrence of Comorbidities

COP_CCV	1 if COP = 1 and CCV = 1, 0 otherwise
CCA_CCV	1 if CCA = 1 and CCV = 1, 0 otherwise
COP_CCA	1 if COP = 1 and CCA = 1, 0 otherwise
CCE_CCV	1 if CCE = 1 and CCV = 1, 0 otherwise
CRN_CCV	1 if CRN = 1 and CCV = 1, 0 otherwise

Admission Sources and Types

(Indicator variables = 1 if source or type present, 0 otherwise)

PREF	Patient referred by personal or HMO physician
TRSNF	Patient transferred from skilled nursing facility
ELCT	Patient admitted for elective procedure
EMRG	Patient admitted for emergency

Co-Occurrence of Admission Source and Type

PREF_ELEC = 1 if PREF = 1 and ELCT = 1, 0 otherwise

Previous Hospitalizations

P_RISK1	Number at 1st risk level with 3 or more set to 3
P_RISK2	Number at 2nd risk level with 3 or more set to 3
P_RISK3	Number at 3rd risk level with 3 or more set to 3
P_RISK4	Number at 4th risk level with 4 or more set to 4
P_RISK5	Number at 5th risk level with 3 or more set to 3
F(T)	Probability of death from previous admission if discharge within 182 days of current admission, 0 otherwise

Time Trend

FLAG89	1 if discharge in FY1989, 0 otherwise
FLAG90	1 if discharge in FY1990, 0 otherwise
INYEAR	Difference between current admission date and April 1 of fiscal year of discharge

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1990

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2645	0.45	0.88	1.04	1.23	1.72	0.56	0.90	1.03	1.17	1.54	0.61	0.90	1.02	1.15	1.46
OVERALL(>= 750 CASES)	2684	0.73	0.91	0.99	1.09	1.35	0.79	0.94	1.01	1.09	1.28	0.82	0.94	1.01	1.08	1.24
CONDITIONS																
AMI	1405	0.54	0.80	0.95	1.11	1.42	0.62	0.86	0.99	1.14	1.44	0.63	0.86	0.99	1.13	1.39
CHF	2335	0.43	0.79	0.98	1.17	1.64	0.60	0.85	0.99	1.13	1.49	0.66	0.89	1.00	1.13	1.41
PNEUMONIA/INFLUENZA	2428	0.41	0.78	0.97	1.18	1.68	0.53	0.84	1.00	1.17	1.55	0.57	0.86	1.01	1.16	1.50
COPD	435	0.00	0.63	0.97	1.34	2.06	0.30	0.78	1.02	1.26	1.74	0.40	0.82	1.01	1.24	1.69
TRANS. CEREBRAL ISCHEMIA	404	0.00	0.00	0.83	1.34	3.20	0.00	0.48	0.85	1.31	2.27	0.21	0.60	0.90	1.21	2.05
STROKE	1789	0.53	0.79	0.95	1.13	1.56	0.61	0.84	0.98	1.13	1.47	0.65	0.87	0.99	1.12	1.42
HIP FRACTURE	1199	0.21	0.67	0.93	1.27	2.10	0.40	0.76	0.94	1.19	1.80	0.47	0.78	0.97	1.16	1.64
SEPSIS	254	0.51	0.79	0.96	1.12	1.50	0.65	0.86	0.99	1.13	1.47	0.69	0.89	1.01	1.15	1.44
PROCEDURES																
ANGIOPLASTY	425	0.00	0.49	0.89	1.33	2.66	0.00	0.60	0.93	1.36	2.34	0.00	0.63	0.97	1.34	2.14
CABG	556	0.20	0.68	1.03	1.39	2.45	0.28	0.73	1.00	1.32	2.09	0.28	0.73	1.01	1.30	2.10
PACEMAKER	112	0.00	0.41	0.72	1.37	3.25	0.20	0.61	0.90	1.21	2.17	0.21	0.65	0.84	1.16	1.87
CAROTID ENDARTERECTOMY	73	0.00	0.00	0.85	1.33	2.90	0.00	0.14	0.74	1.28	2.43	0.00	0.42	0.86	1.38	2.86
HIP REPLACEMENT	763	0.00	0.53	0.94	1.44	2.77	0.19	0.67	0.96	1.31	2.12	0.26	0.71	0.94	1.26	1.91
REDUCT. OF HIP FRACTURE	276	0.00	0.56	0.86	1.22	2.05	0.31	0.68	0.92	1.19	1.76	0.38	0.77	0.96	1.12	1.58
PROSTATECTOMY	1576	0.00	0.00	0.73	1.57	3.56	0.00	0.49	0.91	1.40	2.63	0.00	0.57	0.92	1.29	2.21
CHOLECYSTECTOMY	714	0.00	0.49	0.95	1.54	2.68	0.00	0.62	0.93	1.37	2.22	0.22	0.67	0.98	1.27	1.93
HYSTERECTOMY	113	0.00	0.00	0.00	2.00	6.69	0.00	0.00	0.76	1.70	3.59	0.00	0.24	0.75	1.27	2.91

TABLE 4
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1990 STUDY, FY1989

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2746	0.50	0.87	1.04	1.23	1.73	0.58	0.89	1.03	1.17	1.54	0.61	0.89	1.01	1.14	1.44
OVERALL(>= 750 CASES)	2669	0.71	0.90	1.00	1.09	1.35	0.79	0.94	1.01	1.08	1.28	0.82	0.95	1.01	1.07	1.24
CONDITIONS																
AMI	1412	0.53	0.81	0.96	1.12	1.47	0.59	0.86	1.01	1.15	1.47	0.63	0.87	1.00	1.14	1.43
CHF	2293	0.47	0.80	0.97	1.18	1.69	0.58	0.86	1.00	1.14	1.48	0.66	0.89	1.02	1.14	1.40
PNEUMONIA/INFLUENZA	2179	0.45	0.77	0.97	1.19	1.67	0.54	0.85	1.01	1.18	1.55	0.60	0.86	1.02	1.18	1.51
COPD	324	0.21	0.68	0.99	1.32	2.13	0.44	0.78	1.04	1.27	1.91	0.49	0.84	1.04	1.24	1.66
TRANS. CEREBRAL ISCHEMIA	420	0.00	0.00	0.79	1.41	3.26	0.00	0.46	0.88	1.33	2.36	0.18	0.60	0.92	1.25	1.97
STROKE	1728	0.53	0.80	0.95	1.12	1.56	0.62	0.85	0.97	1.11	1.46	0.67	0.88	0.99	1.13	1.40
HIP FRACTURE	1126	0.24	0.67	0.95	1.30	2.04	0.39	0.75	0.98	1.21	1.71	0.46	0.78	0.97	1.18	1.59
SEPSIS	174	0.52	0.79	0.94	1.10	1.52	0.63	0.88	1.02	1.15	1.46	0.68	0.93	1.05	1.16	1.43
PROCEDURES																
ANGIOPLASTY	370	0.00	0.46	0.84	1.35	2.55	0.00	0.55	0.88	1.33	2.52	0.00	0.61	0.94	1.32	2.44
CABG	501	0.21	0.65	1.00	1.47	2.57	0.23	0.69	1.00	1.33	2.29	0.32	0.74	1.01	1.33	2.21
PACEMAKER	91	0.00	0.52	0.74	1.12	2.31	0.00	0.56	0.83	1.15	2.14	0.20	0.68	0.81	1.16	1.87
CAROTID ENDARTERECTOMY	55	0.00	0.00	0.82	1.51	5.01	0.00	0.47	0.86	1.31	4.00	0.00	0.43	0.85	1.28	3.12
HIP REPLACEMENT	686	0.00	0.52	0.92	1.44	2.46	0.00	0.65	0.94	1.27	1.95	0.21	0.67	0.94	1.19	1.75
REDUCT. OF HIP FRACTURE	246	0.19	0.57	0.91	1.23	1.96	0.31	0.71	0.96	1.19	1.74	0.41	0.78	0.96	1.13	1.53
PROSTATECTOMY	1570	0.00	0.00	0.67	1.50	3.46	0.00	0.47	0.86	1.36	2.67	0.00	0.58	0.93	1.28	2.15
CHOLECYSTECTOMY	680	0.00	0.53	0.94	1.53	2.90	0.00	0.62	0.97	1.36	2.15	0.22	0.66	0.95	1.26	1.98
HYSTERECTOMY	101	0.00	0.00	0.00	1.80	5.44	0.00	0.00	0.78	1.60	4.21	0.00	0.00	0.91	1.38	2.99

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1988

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2838	0.46	0.89	1.05	1.23	1.75	0.54	0.90	1.03	1.16	1.57	0.59	0.90	1.02	1.14	1.45
OVERALL(>= 750 CASES)	2693	0.73	0.90	1.00	1.10	1.35	0.79	0.94	1.01	1.09	1.27	0.82	0.95	1.01	1.08	1.24
CONDITIONS																
AMI	1414	0.56	0.82	0.96	1.12	1.41	0.63	0.87	1.01	1.14	1.42	0.65	0.89	1.00	1.13	1.39
CHF	2246	0.45	0.79	0.97	1.18	1.61	0.60	0.86	1.00	1.14	1.43	0.68	0.90	1.02	1.13	1.37
PNEUMONIA/INFLUENZA	2069	0.44	0.79	0.97	1.17	1.68	0.57	0.85	1.01	1.17	1.59	0.61	0.87	1.01	1.16	1.53
COPD	310	0.21	0.67	0.92	1.30	2.17	0.39	0.79	0.98	1.20	1.81	0.51	0.82	0.99	1.19	1.59
TRANS. CEREBRAL ISCHEMIA	495	0.00	0.00	0.84	1.48	2.94	0.00	0.48	0.92	1.39	2.28	0.21	0.60	0.92	1.27	1.92
STROKE	1726	0.51	0.79	0.95	1.12	1.56	0.60	0.84	0.98	1.13	1.44	0.64	0.88	1.00	1.13	1.42
HIP FRACTURE	1119	0.24	0.65	0.96	1.27	2.07	0.40	0.78	0.98	1.21	1.77	0.47	0.80	0.98	1.17	1.64
SEPSIS	133	0.58	0.77	0.92	1.08	1.64	0.56	0.86	1.00	1.13	1.54	0.67	0.88	1.02	1.14	1.53
PROCEDURES																
ANGIOPLASTY	297	0.00	0.50	0.87	1.35	2.60	0.00	0.59	0.91	1.34	2.50	0.00	0.65	0.95	1.31	2.25
CABG	478	0.21	0.68	0.98	1.39	2.40	0.32	0.73	1.00	1.36	2.12	0.38	0.75	1.01	1.31	2.04
PACEMAKER	83	0.00	0.34	0.65	1.04	1.75	0.01	0.54	0.85	1.03	1.70	0.23	0.69	0.87	1.10	1.57
CAROTID ENDARTERECTOMY	69	0.00	0.00	0.60	1.23	3.30	0.00	0.33	0.62	1.09	2.50	0.00	0.44	0.68	1.16	1.87
HIP REPLACEMENT	670	0.00	0.49	0.95	1.40	2.65	0.00	0.66	1.01	1.31	2.15	0.24	0.70	0.96	1.24	1.87
REDUCT. OF HIP FRACTURE	259	0.00	0.61	0.91	1.26	2.16	0.38	0.74	0.96	1.21	1.94	0.44	0.77	0.96	1.16	1.79
PROSTATECTOMY	1619	0.00	0.00	0.78	1.53	3.69	0.00	0.54	0.92	1.39	2.57	0.00	0.61	0.93	1.30	2.21
CHOLECYSTECTOMY	642	0.00	0.50	0.96	1.44	3.04	0.00	0.61	0.96	1.36	2.26	0.25	0.66	0.96	1.27	2.01
HYSTERECTOMY	90	0.00	0.00	0.00	1.57	5.00	0.00	0.00	0.68	1.43	2.83	0.00	0.28	0.67	1.15	2.88

TABLE 5: MULTIPLICATIVE FACTORS FOR THE CALCULATION OF THE BOUNDS FOR PREDICTION INTERVALS

(n is the number of cases at your hospital and p is the predicted mortality rate)

	99% Prediction Interval					95% Prediction Interval					75% Prediction Interval				
	Factor for Upper Bound					Factor for Upper Bound					Factor for Upper Bound				
p	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%
n															
25	2.95	2.73	2.68	2.63	2.59	2.15	2.04	2.01	1.99	1.97	1.17	1.16	1.16	1.15	1.15
50	2.76	2.65	2.63	2.60	2.58	2.05	2.00	1.99	1.97	1.96	1.16	1.15	1.15	1.15	1.15
75	2.70	2.63	2.61	2.59	2.58	2.02	1.99	1.98	1.97	1.96	1.16	1.15	1.15	1.15	1.15
100	2.67	2.61	2.60	2.59	2.58	2.01	1.98	1.97	1.97	1.96	1.16	1.15	1.15	1.15	1.15
150	2.64	2.60	2.59	2.59	2.58	1.99	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
200	2.62	2.60	2.59	2.58	2.58	1.98	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
300	2.61	2.59	2.58	2.58	2.58	1.98	1.97	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
400	2.60	2.59	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
500	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
750	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
1000	2.59	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
5000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
	Factor for Lower Bound					Factor for Lower Bound					Factor for Lower Bound				
p	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%
n															
25	-2.21	-2.42	-2.48	-2.52	-2.56	-1.77	-1.88	-1.91	-1.93	-1.95	-1.13	-1.14	-1.14	-1.15	-1.15
50	-2.39	-2.50	-2.53	-2.55	-2.57	-1.87	-1.92	-1.93	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
75	-2.45	-2.52	-2.54	-2.56	-2.57	-1.90	-1.93	-1.94	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
100	-2.48	-2.54	-2.55	-2.56	-2.57	-1.91	-1.94	-1.95	-1.95	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
150	-2.51	-2.55	-2.56	-2.57	-2.57	-1.93	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	-2.53	-2.56	-2.56	-2.57	-2.57	-1.94	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
300	-2.54	-2.56	-2.57	-2.57	-2.57	-1.94	-1.95	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
400	-2.55	-2.57	-2.57	-2.57	-2.57	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
500	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
750	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
1000	-2.57	-2.57	-2.57	-2.57	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	-2.57	-2.57	-2.57	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
5000	-2.57	-2.58	-2.58	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15

Medicare Hospital Information

CAMPBELL COUNTY MEMORIAL HOSPITAL

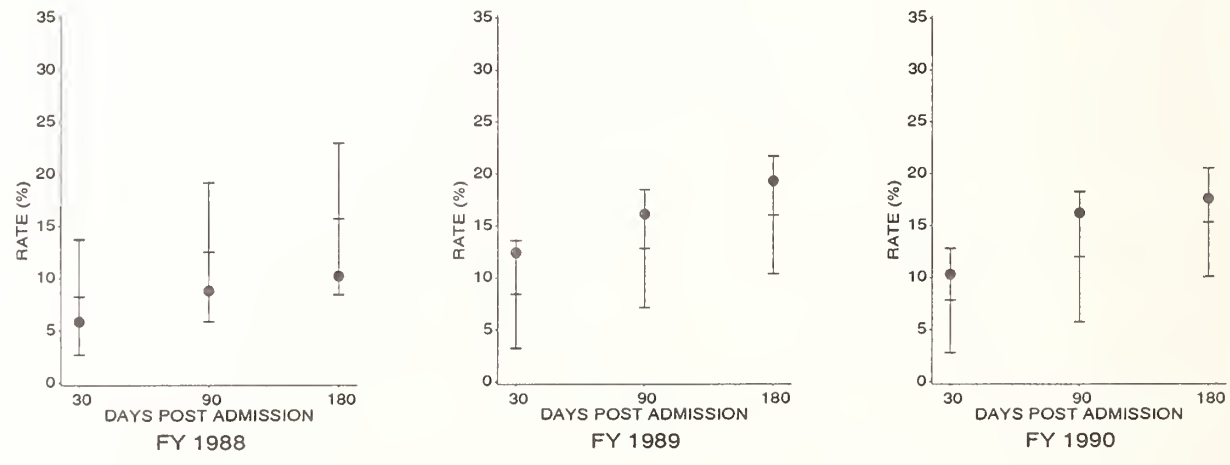
501 S BURMA AVE
GILLETTE, WY 82716
Medicare Provider Number: 530002

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	290	10.3	7.8	2.5	16.2	12.0	3.1	17.6	15.3	2.6
CONDITIONS:										
Acute Myocardial Infarction	13	15.4	20.6	-----	15.4	23.1	-----	15.4	25.6	-----
Congestive Heart Failure	12	33.3	14.4	-----	41.7	21.3	-----	50.0	27.0	-----
Pneumonia/Influenza	11	27.3	12.6	-----	36.4	17.1	-----	36.4	20.5	-----
Chronic Obstructive Pulmonary Disease	8	0.0	7.4	-----	12.5	12.3	-----	12.5	16.0	-----
Transient Cerebral Ischemia	6	0.0	1.6	-----	0.0	3.3	-----	0.0	5.0	-----
Stroke	2	0.0	12.5	-----	0.0	16.5	-----	0.0	20.0	-----
Hip Fracture	14	7.1	4.5	-----	14.3	8.2	-----	14.3	10.9	-----
Sepsis	5	40.0	20.7	-----	40.0	25.0	-----	40.0	30.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	0.0	4.2	-----	0.0	8.8	-----	0.0	12.5	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	13	0.0	1.3	-----	7.7	2.6	-----	7.7	3.7	-----
Open Reduction of Hip Fracture	10	10.0	3.9	-----	10.0	7.3	-----	10.0	9.8	-----
Prostatectomy	0									
Cholecystectomy	6	0.0	1.1	-----	0.0	2.0	-----	0.0	2.6	-----
Hysterectomy	2	0.0	0.2	-----	0.0	0.6	-----	0.0	1.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CAMPBELL COUNTY MEMORIAL HOSPITAL
Medicare Provider Number: 530002

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.1 years
Proportion female	60.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	37.9 %
Transferred from skilled nursing facility	9.3 %
Admitted for elective procedure	19.7 %
Admitted for emergency	10.3 %

COMORBIDITIES:

Cancer	4.5 %
Chronic cardiovascular disease	30.3 %
Chronic liver disease	1.4 %
Chronic renal disease	2.1 %
Chronic pulmonary disease	14.1 %
Cerebrovascular degeneration	4.1 %
Diabetes mellitus	10.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	68.2%
State	21.1%
Outside State	10.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.4 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	119
Occupancy Rate	40.0 %
Ownership/Control	District/Authority
Medicare Discharges	17.1 %
Case Mix Index (CMI)	1.2255

STAFFING:

Total Number of Physicians	29
Percent of Physicians Board Certified Specialists	79.3 %
Medical Residents/Interns	0
Registered Nurses	99
Licensed Practical Nurses	30

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

COMMUNITY HOSPITAL

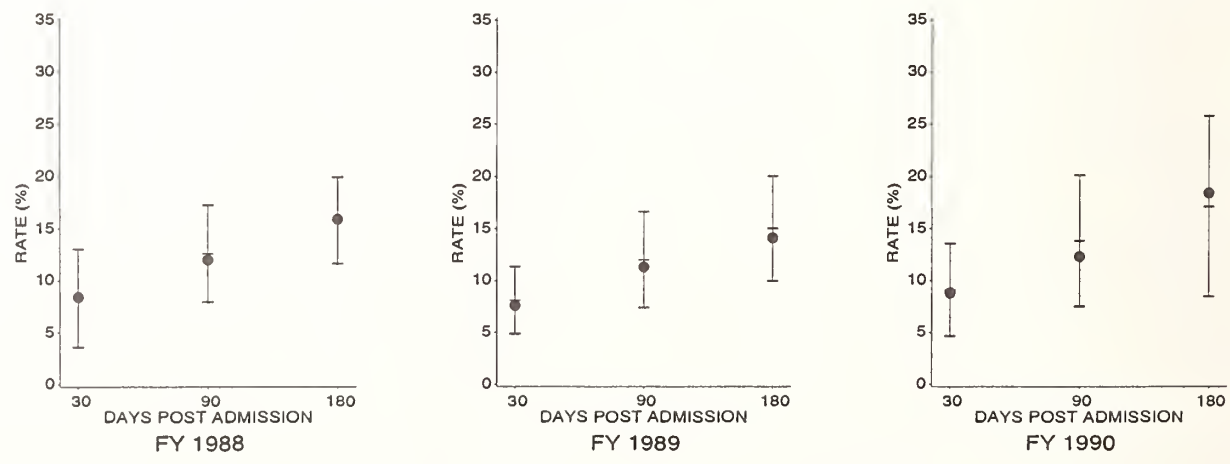
2000 CAMPBELL DRIVE
TORRINGTON, WY 82240
Medicare Provider Number: 530018

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	228	8.8	9.1	2.2	12.3	13.8	3.2	18.4	17.1	4.3
CONDITIONS:										
Acute Myocardial Infarction	5	40.0	30.4	-----	40.0	34.2	-----	40.0	38.1	-----
Congestive Heart Failure	12	8.3	13.8	-----	8.3	21.2	-----	25.0	26.8	-----
Pneumonia/Influenza	13	7.7	12.0	-----	7.7	16.4	-----	15.4	19.2	-----
Chronic Obstructive Pulmonary Disease	11	18.2	6.7	-----	18.2	11.8	-----	27.3	15.6	-----
Transient Cerebral Ischemia	1	0.0	2.0	-----	0.0	4.9	-----	0.0	8.2	-----
Stroke	8	25.0	17.7	-----	37.5	23.8	-----	50.0	27.9	-----
Hip Fracture	0									
Sepsis	7	28.6	19.4	-----	28.6	25.0	-----	28.6	28.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	7	0.0	1.5	-----	0.0	2.7	-----	0.0	3.6	-----
Hysterectomy	3	0.0	1.2	-----	0.0	2.6	-----	0.0	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



COMMUNITY HOSPITAL
Medicare Provider Number: 530018

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.5 years
Proportion female	61.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	59.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	5.3 %
Admitted for emergency	9.6 %

COMORBIDITIES:

Cancer	3.5 %
Chronic cardiovascular disease	27.2 %
Chronic liver disease	0.4 %
Chronic renal disease	2.2 %
Chronic pulmonary disease	21.1 %
Cerebrovascular degeneration	4.4 %
Diabetes mellitus	5.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	88.0%
State	7.5%
Outside State	4.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.9 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	43
Occupancy Rate	30.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	33.6 %
Case Mix Index (CMI)	1.1367

STAFFING:

Total Number of Physicians	9
Percent of Physicians Board Certified Specialists	77.8 %
Medical Residents/Interns	0
Registered Nurses	17
Licensed Practical Nurses	9

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

CONVERSE COUNTY MEMORIAL HOSPITAL

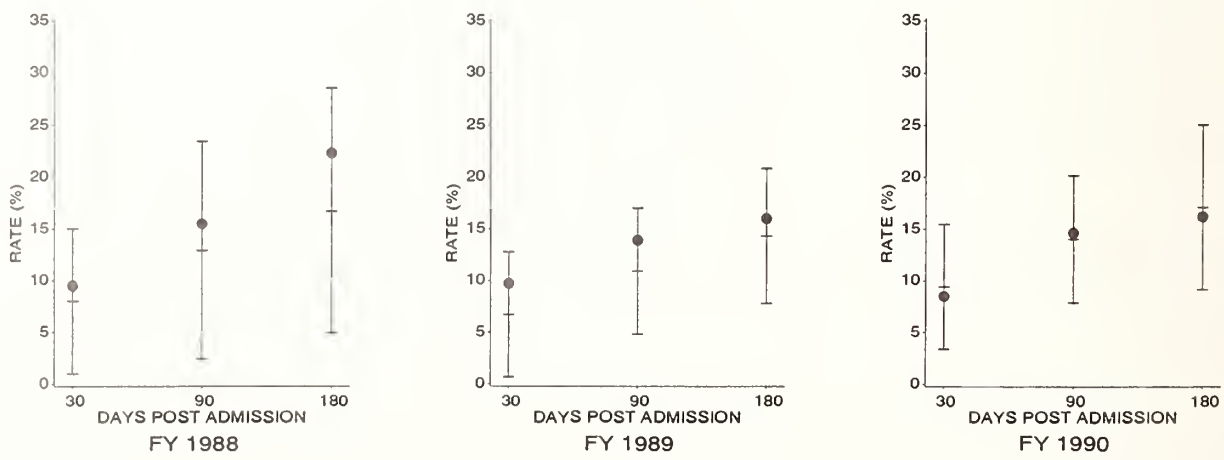
1115 SOUTH 5TH ST
DOUGLAS, WY 82633
Medicare Provider Number: 530005

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	130	8.5	9.4	3.0	14.6	14.0	3.1	16.2	17.1	4.0
CONDITIONS:										
Acute Myocardial Infarction	5	40.0	24.2	-----	40.0	29.9	-----	40.0	34.5	-----
Congestive Heart Failure	6	16.7	13.7	-----	33.3	22.8	-----	33.3	29.1	-----
Pneumonia/Influenza	15	6.7	13.3	-----	13.3	18.9	-----	20.0	22.4	-----
Chronic Obstructive Pulmonary Disease	3	0.0	7.8	-----	33.3	13.2	-----	33.3	17.0	-----
Transient Cerebral Ischemia	2	0.0	2.4	-----	0.0	6.1	-----	0.0	10.8	-----
Stroke	7	28.6	18.2	-----	42.9	23.4	-----	42.9	26.6	-----
Hip Fracture	0									
Sepsis	2	0.0	12.8	-----	0.0	16.3	-----	0.0	20.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	4	0.0	1.1	-----	0.0	1.7	-----	0.0	2.3	-----
Hysterectomy	1	0.0	0.0	-----	0.0	0.1	-----	0.0	0.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CONVERSE COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 530005

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	77.0 years
Proportion female	63.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	36.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	7.7 %
Admitted for emergency	66.2 %

COMORBIDITIES:

Cancer	2.3 %
Chronic cardiovascular disease	33.8 %
Chronic liver disease	2.3 %
Chronic renal disease	1.5 %
Chronic pulmonary disease	15.4 %
Cerebrovascular degeneration	7.7 %
Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.2%
State	13.2%
Outside State	4.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.3 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	34
Occupancy Rate	17.0 %
Ownership/Control	Local Government
Medicare Discharges	38.0 %
Case Mix Index (CMI)	1.0433

STAFFING:

Total Number of Physicians	4
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	12
Licensed Practical Nurses	0

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

* Not used in calculating mortality rates

CROOK COUNTY MEMORIAL HOSPITAL

713 OAK STREET
SUNDANCE, WY 82729
Medicare Provider Number: 530031

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	42	14.3	11.2	-----	16.7	16.9	-----	28.6	20.8	-----
CONDITIONS:										
Acute Myocardial Infarction	1	0.0	22.6	-----	0.0	27.3	-----	0.0	31.1	-----
Congestive Heart Failure	0									
Pneumonia/Influenza	7	0.0	18.0	-----	0.0	25.7	-----	28.6	29.9	-----
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	2	100.0	16.6	-----	100.0	24.5	-----	100.0	31.6	-----
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

CROOK COUNTY MEMORIAL HOSPITAL
Medicare Provider Number: 530031

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	79.4 years
Proportion female	64.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	4.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	0.0 %

COMORBIDITIES:

Cancer	7.1 %
Chronic cardiovascular disease	40.5 %
Chronic liver disease	0.0 %
Chronic renal disease	2.4 %
Chronic pulmonary disease	23.8 %
Cerebrovascular degeneration	14.3 %
Diabetes mellitus	4.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	70.9%
State	18.6%
Outside State	10.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.5 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	48
Occupancy Rate	72.0 %
Ownership/Control	Local Government
Medicare Discharges	53.1 %
Case Mix Index (CMI)	1.0226

STAFFING:

Total Number of Physicians	2
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	6
Licensed Practical Nurses	1

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

DEPAUL HOSPITAL

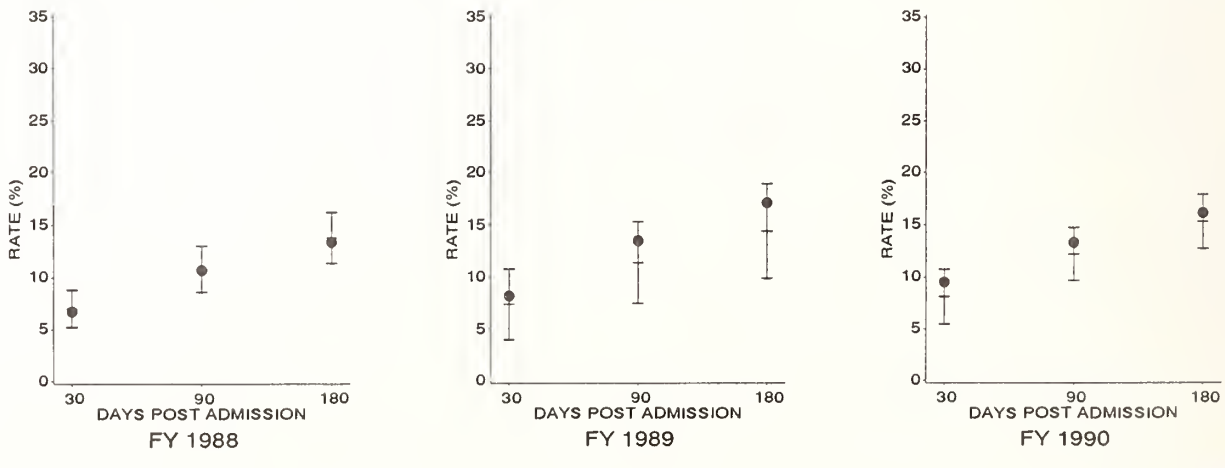
2600 EAST 18TH ST
CHEYENNE, WY 82001
Medicare Provider Number: 530001

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	928	9.5	8.1	1.3	13.3	12.2	1.3	16.1	15.3	1.3
CONDITIONS:										
Acute Myocardial Infarction	32	18.8	27.4	-----	21.9	30.0	-----	28.1	32.5	-----
Congestive Heart Failure	42	14.3	14.6	-----	19.0	22.9	-----	28.6	28.6	-----
Pneumonia/Influenza	33	27.3	14.3	-----	33.3	20.0	-----	42.4	23.9	-----
Chronic Obstructive Pulmonary Disease	33	24.2	8.2	-----	30.3	14.2	-----	30.3	18.6	-----
Transient Cerebral Ischemia	13	0.0	1.7	-----	0.0	3.8	-----	7.7	6.1	-----
Stroke	25	28.0	19.6	-----	36.0	25.2	-----	36.0	28.9	-----
Hip Fracture	21	0.0	5.2	-----	0.0	9.9	-----	0.0	13.4	-----
Sepsis	5	20.0	15.8	-----	40.0	23.8	-----	60.0	28.2	-----
PROCEDURES:										
Angioplasty	12	0.0	4.2	-----	0.0	5.1	-----	0.0	6.1	-----
Coronary Artery Bypass Graft	17	0.0	5.0	-----	0.0	7.2	-----	5.9	8.2	-----
Initial Pacemaker Insertion	5	0.0	1.9	-----	0.0	4.1	-----	0.0	6.4	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	7	14.3	2.5	-----	14.3	5.1	-----	14.3	7.8	-----
Open Reduction of Hip Fracture	14	0.0	5.2	-----	0.0	10.2	-----	0.0	14.0	-----
Prostatectomy	31	0.0	0.6	-----	0.0	1.4	-----	0.0	2.4	-----
Cholecystectomy	6	0.0	1.1	-----	0.0	2.0	-----	0.0	2.6	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.2	-----	0.0	0.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



DEPAUL HOSPITAL
Medicare Provider Number: 530001

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.5 years
Proportion female	55.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	58.4 %
Transferred from skilled nursing facility	0.4 %
Admitted for elective procedure	18.3 %
Admitted for emergency	38.4 %

COMORBIDITIES:

Cancer	5.2 %
Chronic cardiovascular disease	33.8 %
Chronic liver disease	1.4 %
Chronic renal disease	1.8 %
Chronic pulmonary disease	17.5 %
Cerebrovascular degeneration	5.4 %
Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	81.1%
State	10.8%
Outside State	8.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.0 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	121
Occupancy Rate	52.0 %
Ownership/Control	Church
Medicare Discharges	39.8 %
Case Mix Index (CMI)	1.2636

STAFFING:

Total Number of Physicians	117
Percent of Physicians Board Certified Specialists	70.1 %
Medical Residents/Interns	0
Registered Nurses	94
Licensed Practical Nurses	15

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

HOT SPRINGS COUNTY MEMORIAL HOSPITAL

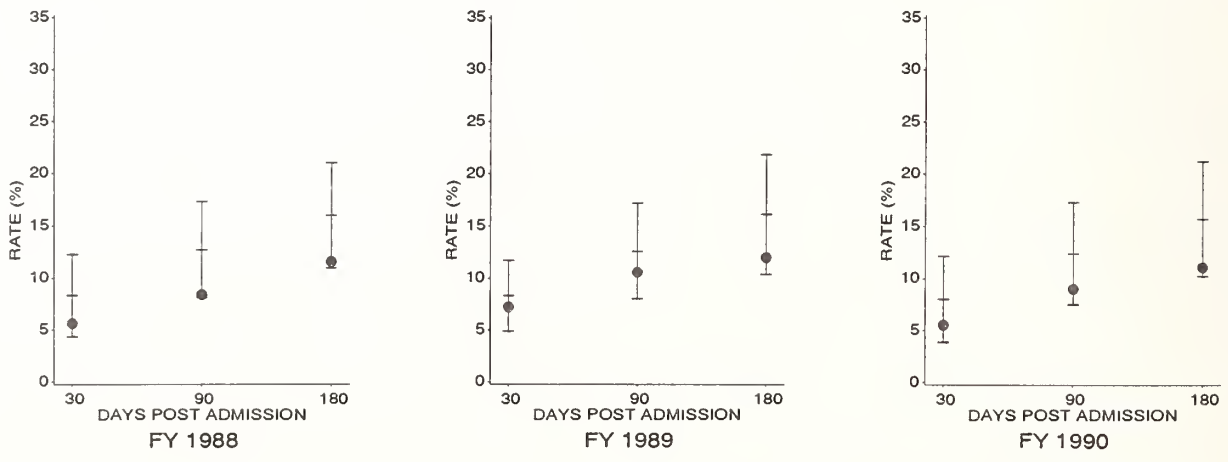
HOT SPRINGS STATE PARK
THERMOPOLIS, WY 82443
Medicare Provider Number: 530004

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	289	5.5	8.0	2.1	9.0	12.4	2.5	11.1	15.7	2.7
CONDITIONS:										
Acute Myocardial Infarction	6	50.0	19.5	-----	50.0	21.8	-----	50.0	24.4	-----
Congestive Heart Failure	15	0.0	11.8	-----	13.3	19.0	-----	13.3	25.2	-----
Pneumonia/Influenza	41	7.3	12.0	-----	14.6	16.8	-----	19.5	20.1	-----
Chronic Obstructive Pulmonary Disease	4	0.0	7.9	-----	0.0	13.9	-----	0.0	17.5	-----
Transient Cerebral Ischemia	7	0.0	1.9	-----	0.0	4.6	-----	0.0	7.8	-----
Stroke	6	16.7	19.8	-----	33.3	25.2	-----	33.3	29.0	-----
Hip Fracture	8	0.0	5.9	-----	0.0	10.0	-----	0.0	12.8	-----
Sepsis	1	100.0	32.7	-----	100.0	45.7	-----	100.0	54.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	7	0.0	3.5	-----	0.0	6.4	-----	0.0	8.4	-----
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	6	0.0	1.8	-----	0.0	3.0	-----	0.0	4.0	-----
Hysterectomy	1	0.0	0.0	-----	0.0	0.1	-----	0.0	0.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HOT SPRINGS COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 530004

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.6 years
Proportion female	55.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	52.6 %
Transferred from skilled nursing facility	0.7 %
Admitted for elective procedure	0.3 %
Admitted for emergency	1.4 %

COMORBIDITIES:

Cancer	3.5 %
Chronic cardiovascular disease	31.1 %
Chronic liver disease	1.4 %
Chronic renal disease	2.4 %
Chronic pulmonary disease	18.0 %
Cerebrovascular degeneration	3.5 %
Diabetes mellitus	4.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	75.9%
State	19.7%
Outside State	4.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.6 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	49
Occupancy Rate	32.0 %
Ownership/Control	Local Government
Medicare Discharges	52.1 %
Case Mix Index (CMI)	0.9913

STAFFING:

Total Number of Physicians	6
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	16
Licensed Practical Nurses	1

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

IHC EVANSTON REGIONAL HOSPITAL

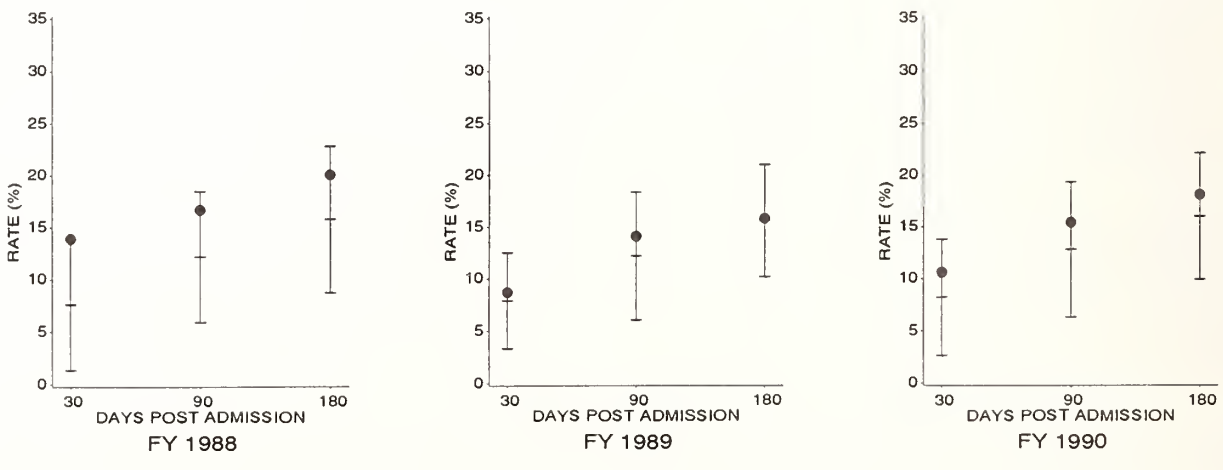
190 ARROWHEAD DRIVE
EVANSTON, WY 82930
Medicare Provider Number: 530032

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	188	10.6	8.2	2.8	15.4	12.8	3.3	18.1	16.0	3.1
CONDITIONS:										
Acute Myocardial Infarction	9	22.2	12.7	-----	22.2	15.4	-----	22.2	18.1	-----
Congestive Heart Failure	9	11.1	16.2	-----	11.1	27.2	-----	11.1	33.9	-----
Pneumonia/Influenza	12	16.7	9.3	-----	16.7	13.0	-----	16.7	15.9	-----
Chronic Obstructive Pulmonary Disease	4	25.0	8.0	-----	25.0	14.5	-----	25.0	18.9	-----
Transient Cerebral Ischemia	1	0.0	0.4	-----	0.0	0.9	-----	0.0	1.6	-----
Stroke	4	50.0	19.3	-----	75.0	27.2	-----	75.0	30.9	-----
Hip Fracture	8	0.0	8.9	-----	12.5	14.5	-----	12.5	18.2	-----
Sepsis	1	0.0	34.8	-----	0.0	61.8	-----	100.0	75.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	2	0.0	0.7	-----	0.0	1.1	-----	0.0	1.7	-----
Open Reduction of Hip Fracture	7	0.0	8.2	-----	14.3	13.8	-----	14.3	17.6	-----
Prostatectomy	0									
Cholecystectomy	5	0.0	1.7	-----	0.0	2.8	-----	0.0	3.5	-----
Hysterectomy	3	0.0	1.3	-----	0.0	3.5	-----	0.0	6.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



IHC EVANSTON REGIONAL HOSPITAL
Medicare Provider Number: 530032

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.4 years
Proportion female	63.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	28.2 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	43.6 %
Admitted for emergency	48.4 %

COMORBIDITIES:

Cancer	4.3 %
Chronic cardiovascular disease	43.6 %
Chronic liver disease	1.1 %
Chronic renal disease	2.1 %
Chronic pulmonary disease	23.9 %
Cerebrovascular degeneration	5.9 %
Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	79.6%
State	8.1%
Outside State	12.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.1 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	42
Occupancy Rate	28.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	29.9 %
Case Mix Index (CMI)	1.1734

STAFFING:

Total Number of Physicians	15
Percent of Physicians Board Certified Specialists	40.0 %
Medical Residents/Interns	0
Registered Nurses	25
Licensed Practical Nurses	9

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

* Not used in calculating mortality rates

IVINSON MEMORIAL HOSPITAL

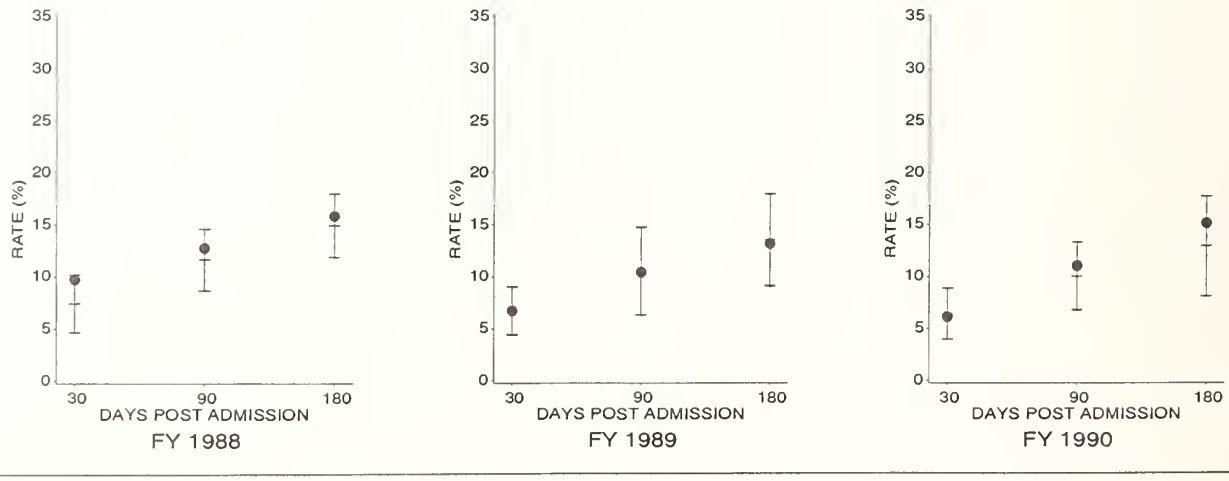
255 NORTH 30TH
LARAMIE, WY 82070
Medicare Provider Number: 530025

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	656	6.1	6.4	1.2	11.0	10.0	1.6	15.1	12.9	2.4
CONDITIONS:										
Acute Myocardial Infarction	17	41.2	27.0	-----	47.1	29.8	-----	64.7	32.5	-----
Congestive Heart Failure	23	13.0	15.1	-----	21.7	24.1	-----	30.4	30.5	-----
Pneumonia/Influenza	37	8.1	13.7	-----	21.6	19.2	-----	24.3	22.9	-----
Chronic Obstructive Pulmonary Disease	5	20.0	5.6	-----	20.0	9.9	-----	40.0	13.6	-----
Transient Cerebral Ischemia	2	0.0	2.3	-----	0.0	5.6	-----	50.0	10.0	-----
Stroke	9	0.0	15.7	-----	0.0	19.8	-----	0.0	23.2	-----
Hip Fracture	25	0.0	4.1	-----	8.0	7.3	-----	12.0	9.9	-----
Sepsis	6	0.0	15.7	-----	16.7	21.7	-----	16.7	26.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	13	0.0	1.0	-----	7.7	1.9	-----	7.7	2.8	-----
Open Reduction of Hip Fracture	18	0.0	4.0	-----	5.6	7.3	-----	11.1	10.1	-----
Prostatectomy	67	0.0	0.9	1.6	0.0	2.1	3.5	6.0	3.8	3.1
Cholecystectomy	15	6.7	3.2	-----	6.7	6.6	-----	6.7	9.2	-----
Hysterectomy	9	0.0	1.0	-----	0.0	2.3	-----	11.1	3.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



IVINSON MEMORIAL HOSPITAL
Medicare Provider Number: 530025

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.3 years
Proportion female	47.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	52.6 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	21.6 %
Admitted for emergency	0.3 %

COMORBIDITIES:

Cancer	8.1 %
Chronic cardiovascular disease	30.9 %
Chronic liver disease	0.5 %
Chronic renal disease	0.9 %
Chronic pulmonary disease	15.9 %
Cerebrovascular degeneration	3.5 %
Diabetes mellitus	4.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	60.9%
State	26.8%
Outside State	12.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.8 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	110
Occupancy Rate	41.0 %
Ownership/Control	District/Authority
Medicare Discharges	32.4 %
Case Mix Index (CMI)	1.1823

STAFFING:

Total Number of Physicians	36
Percent of Physicians Board Certified Specialists	94.4 %
Medical Residents/Interns	0
Registered Nurses	124
Licensed Practical Nurses	20

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

JOHNSON COUNTY MEMORIAL HOSPITAL

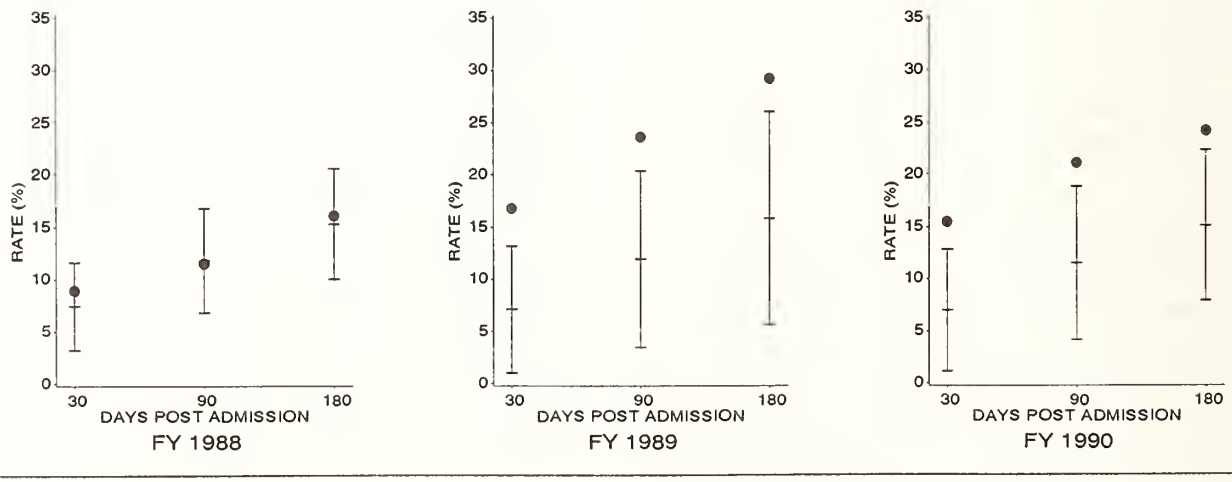
497 WEST LOTT STREET
BUFFALO, WY 82834
Medicare Provider Number: 530026

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	161	15.5	7.0	2.9	21.1	11.5	3.7	24.2	15.1	3.6
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	8	25.0	14.2	-----	37.5	22.3	-----	50.0	28.9	-----
Pneumonia/Influenza	15	6.7	10.2	-----	6.7	14.9	-----	6.7	18.1	-----
Chronic Obstructive Pulmonary Disease	2	0.0	3.8	-----	50.0	6.8	-----	50.0	10.0	-----
Transient Cerebral Ischemia	3	0.0	1.0	-----	0.0	2.6	-----	0.0	4.8	-----
Stroke	11	36.4	14.2	-----	36.4	21.8	-----	36.4	27.3	-----
Hip Fracture	7	14.3	4.3	-----	28.6	8.2	-----	28.6	11.6	-----
Sepsis	1	100.0	30.1	-----	100.0	49.5	-----	100.0	57.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	2	0.0	5.7	-----	50.0	12.1	-----	50.0	17.8	-----
Open Reduction of Hip Fracture	3	0.0	3.8	-----	0.0	6.8	-----	0.0	9.7	-----
Prostatectomy	0									
Cholecystectomy	5	0.0	0.8	-----	0.0	1.4	-----	0.0	1.9	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



JOHNSON COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 530026

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	78.6 years
Proportion female	52.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	98.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	98.8 %
Admitted for emergency	0.0 %

COMORBIDITIES:

Cancer	8.1 %
Chronic cardiovascular disease	35.4 %
Chronic liver disease	0.0 %
Chronic renal disease	0.0 %
Chronic pulmonary disease	9.3 %
Cerebrovascular degeneration	11.2 %
Diabetes mellitus	5.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.2%
State	12.3%
Outside State	5.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.6 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	83
Occupancy Rate	78.0 %
Ownership/Control	Local Government
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.0155

STAFFING:

Total Number of Physicians	5
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	14
Licensed Practical Nurses	3

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

LANDER VALLEY REGIONAL MEDICAL CENTER

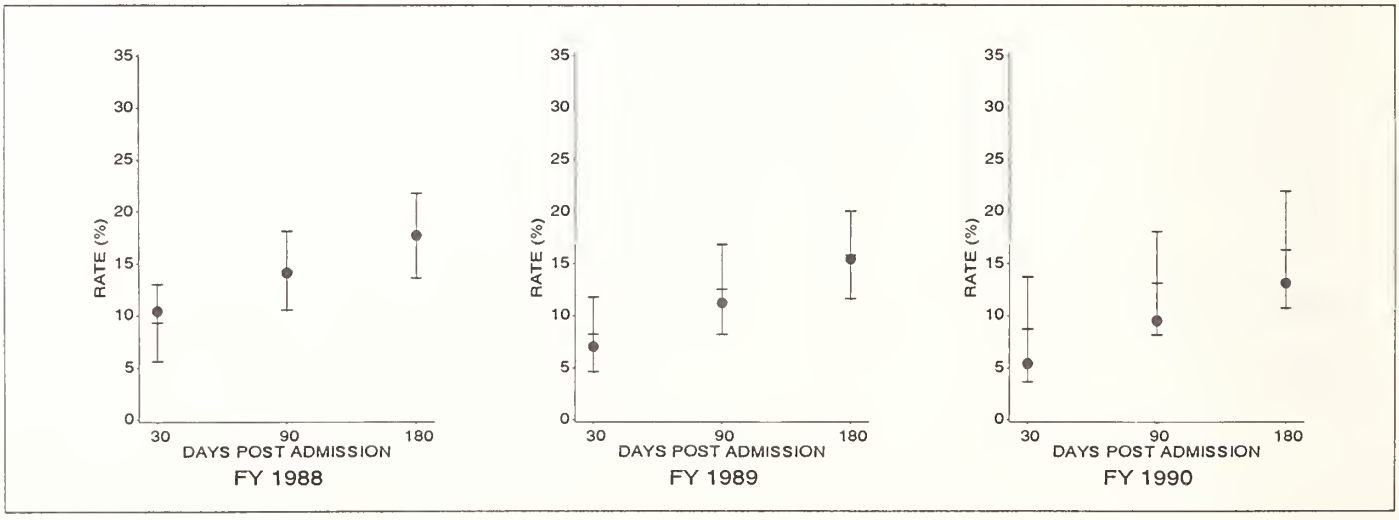
1320 BISHOP RANDALL DRIVE
LANDER, WY 82520
Medicare Provider Number: 530010

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	367	5.4	8.7	2.5	9.5	13.1	2.5	13.1	16.3	2.8
CONDITIONS:										
Acute Myocardial Infarction	7	28.6	30.0	-----	28.6	32.4	-----	28.6	35.3	-----
Congestive Heart Failure	19	0.0	11.0	-----	5.3	17.3	-----	10.5	22.8	-----
Pneumonia/Influenza	19	10.5	17.9	-----	15.8	24.0	-----	15.8	28.1	-----
Chronic Obstructive Pulmonary Disease	10	0.0	6.3	-----	10.0	10.8	-----	10.0	14.2	-----
Transient Cerebral Ischemia	9	0.0	1.9	-----	11.1	4.1	-----	11.1	6.5	-----
Stroke	14	21.4	24.8	-----	21.4	31.5	-----	28.6	35.2	-----
Hip Fracture	11	9.1	6.1	-----	9.1	10.9	-----	9.1	14.6	-----
Sepsis	4	25.0	37.7	-----	25.0	46.4	-----	25.0	51.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	3.7	-----	0.0	8.5	-----	0.0	13.2	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	7	0.0	3.4	-----	0.0	6.1	-----	0.0	8.6	-----
Open Reduction of Hip Fracture	6	16.7	6.3	-----	16.7	11.5	-----	16.7	15.3	-----
Prostatectomy	7	0.0	1.4	-----	0.0	3.4	-----	0.0	5.9	-----
Cholecystectomy	6	0.0	2.3	-----	0.0	4.0	-----	0.0	5.4	-----
Hysterectomy	2	0.0	0.4	-----	0.0	1.0	-----	0.0	1.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LANDER VALLEY REGIONAL MEDICAL CENTER

Medicare Provider Number: 530010

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.4 years
Proportion female	54.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	51.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	99.7 %

COMORBIDITIES:

Cancer	3.8 %
Chronic cardiovascular disease	35.7 %
Chronic liver disease	0.5 %
Chronic renal disease	1.6 %
Chronic pulmonary disease	19.6 %
Cerebrovascular degeneration	4.6 %
Diabetes mellitus	4.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.7%
State	9.2%
Outside State	3.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.4 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	102
Occupancy Rate	28.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.1564

STAFFING:

Total Number of Physicians	24
Percent of Physicians Board Certified Specialists	83.3 %
Medical Residents/Interns	0
Registered Nurses	56
Licensed Practical Nurses	10

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

MEMORIAL HOSPITAL OF CARBON COUNTY

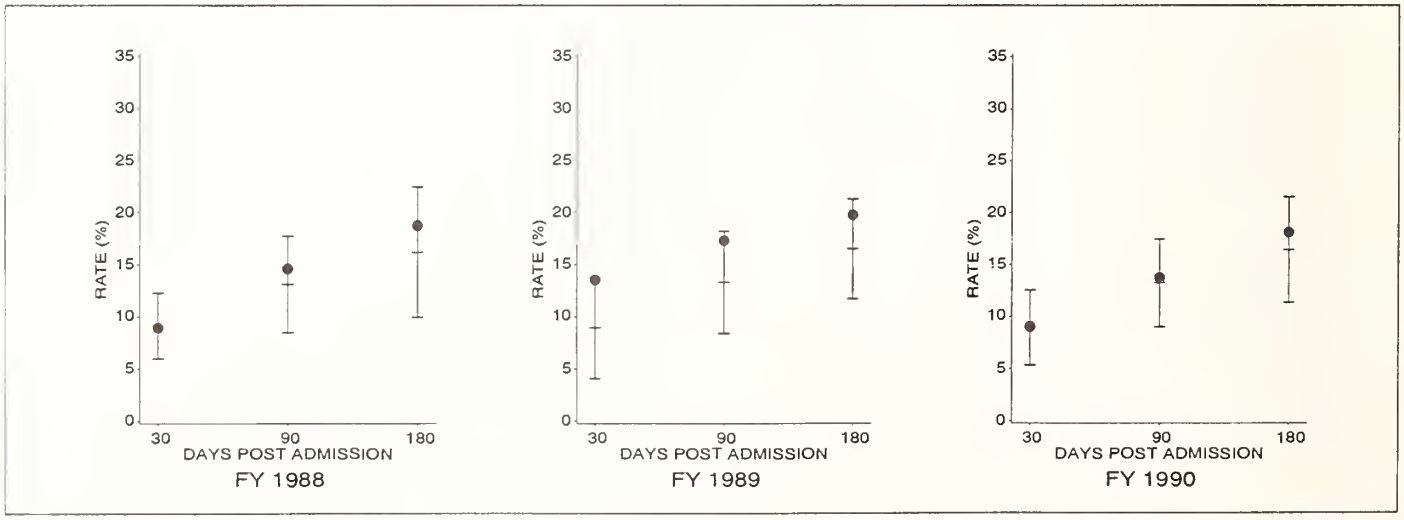
2221 ELM STREET
RAWLINS, WY 82301
Medicare Provider Number: 530009

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	299	9.0	8.9	1.8	13.7	13.2	2.1	18.1	16.4	2.6
CONDITIONS:										
Acute Myocardial Infarction	11	27.3	23.1	-----	36.4	24.9	-----	36.4	27.0	-----
Congestive Heart Failure	11	0.0	13.7	-----	9.1	22.7	-----	9.1	28.8	-----
Pneumonia/Influenza	35	11.4	14.7	-----	14.3	20.4	-----	17.1	24.2	-----
Chronic Obstructive Pulmonary Disease	7	14.3	6.2	-----	14.3	11.1	-----	14.3	14.8	-----
Transient Cerebral Ischemia	6	0.0	1.8	-----	0.0	4.6	-----	0.0	8.4	-----
Stroke	10	20.0	13.1	-----	20.0	17.2	-----	40.0	20.4	-----
Hip Fracture	3	33.3	8.8	-----	33.3	14.0	-----	33.3	16.7	-----
Sepsis	6	16.7	27.3	-----	16.7	36.2	-----	33.3	40.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	3	0.0	2.6	-----	0.0	4.6	-----	0.0	5.6	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MEMORIAL HOSPITAL OF CARBON COUNTY
Medicare Provider Number: 530009

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.1 years
Proportion female	52.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	0.0 %

COMORBIDITIES:

Cancer	4.0 %
Chronic cardiovascular disease	30.1 %
Chronic liver disease	0.3 %
Chronic renal disease	1.0 %
Chronic pulmonary disease	15.4 %
Cerebrovascular degeneration	7.7 %
Diabetes mellitus	14.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.9%
State	3.0%
Outside State	9.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.6 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	70
Occupancy Rate	29.0 %
Ownership/Control	Local Government
Medicare Discharges	26.5 %
Case Mix Index (CMI)	0.9061

STAFFING:

Total Number of Physicians	11
Percent of Physicians Board Certified Specialists	63.6 %
Medical Residents/Interns	0
Registered Nurses	29
Licensed Practical Nurses	11

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

* Not used in calculating mortality rates

MEMORIAL HOSPITAL OF LARAMIE COUNTY

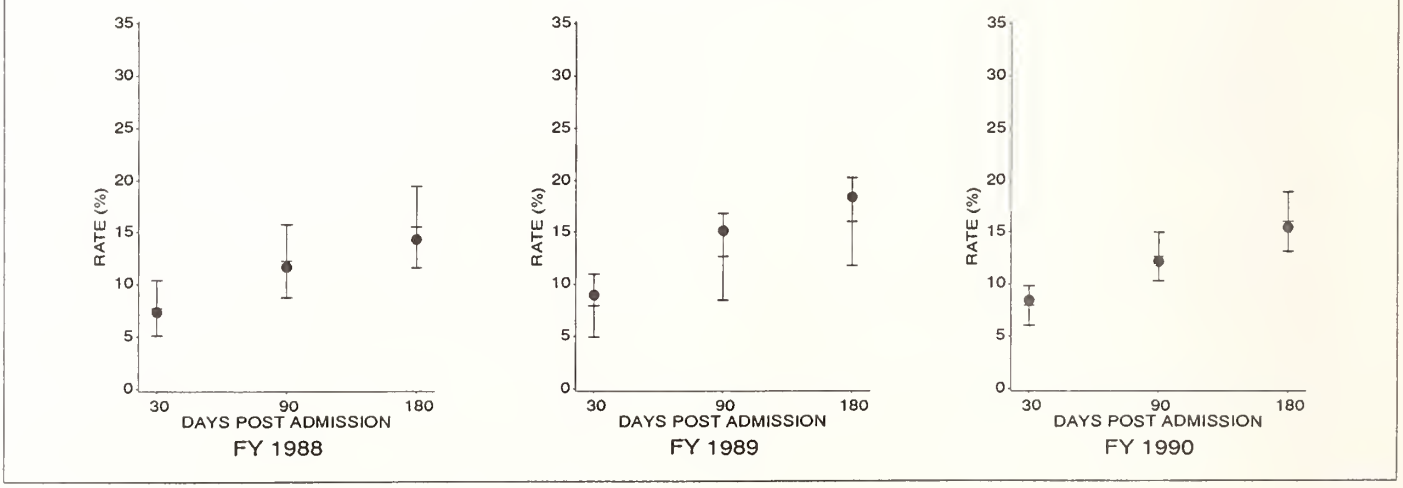
300 EAST 23RD STREET
CHEYENNE, WY 82001
Medicare Provider Number: 530014

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	984	8.4	7.9	1.0	12.1	12.6	1.2	15.4	16.0	1.5
CONDITIONS:										
Acute Myocardial Infarction	16	25.0	26.7	-----	25.0	29.0	-----	25.0	31.5	-----
Congestive Heart Failure	38	15.8	14.7	-----	21.1	23.0	-----	34.2	28.7	-----
Pneumonia/Influenza	37	24.3	13.6	-----	32.4	19.4	-----	37.8	23.7	-----
Chronic Obstructive Pulmonary Disease	27	7.4	7.4	-----	14.8	12.7	-----	14.8	16.9	-----
Transient Cerebral Ischemia	19	0.0	1.2	-----	0.0	2.8	-----	0.0	4.6	-----
Stroke	18	16.7	20.4	-----	22.2	26.0	-----	27.8	30.2	-----
Hip Fracture	17	5.9	6.2	-----	11.8	11.4	-----	17.6	14.9	-----
Sepsis	6	33.3	22.9	-----	33.3	30.4	-----	33.3	35.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	21	4.8	3.6	-----	9.5	6.9	-----	14.3	9.3	-----
Open Reduction of Hip Fracture	4	0.0	4.8	-----	0.0	8.8	-----	0.0	11.5	-----
Prostatectomy	11	0.0	1.0	-----	0.0	2.4	-----	0.0	4.0	-----
Cholecystectomy	13	0.0	2.2	-----	0.0	3.6	-----	0.0	4.4	-----
Hysterectomy	16	0.0	0.4	-----	0.0	0.9	-----	0.0	1.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MEMORIAL HOSPITAL OF LARAMIE COUNTY

Medicare Provider Number: 530014

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.9 years
Proportion female	63.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	61.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.1 %
Admitted for emergency	37.8 %

COMORBIDITIES:

Cancer	7.0 %
Chronic cardiovascular disease	28.3 %
Chronic liver disease	0.7 %
Chronic renal disease	3.7 %
Chronic pulmonary disease	16.4 %
Cerebrovascular degeneration	5.7 %
Diabetes mellitus	6.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	83.5%
State	10.1%
Outside State	6.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.3 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	126
Occupancy Rate	59.0 %
Ownership/Control	Local Government
Medicare Discharges	29.9 %
Case Mix Index (CMI)	1.0988

STAFFING:

Total Number of Physicians	96
Percent of Physicians Board Certified Specialists	75.0 %
Medical Residents/Interns	0
Registered Nurses	131
Licensed Practical Nurses	24

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

* Not used in calculating mortality rates

MEMORIAL HOSPITAL OF SHERIDAN COUNTY

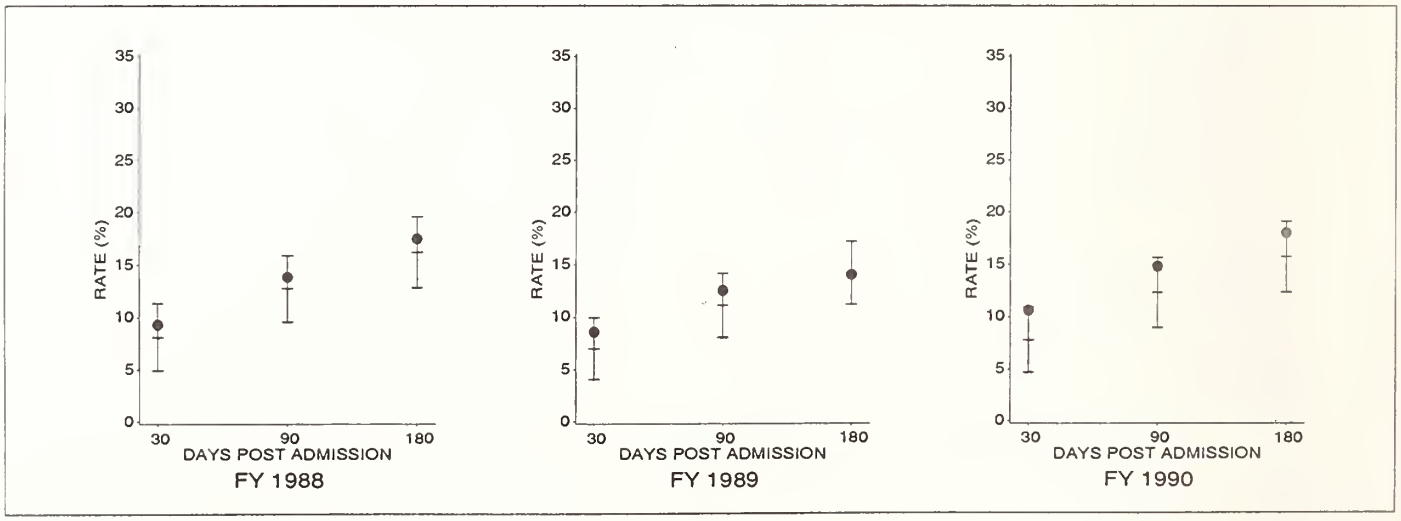
1401 WEST 5TH ST
SHERIDAN, WY 82801
Medicare Provider Number: 530006

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	688	10.6	7.8	1.6	14.8	12.3	1.7	18.0	15.7	1.7
CONDITIONS:										
Acute Myocardial Infarction	21	33.3	24.1	-----	38.1	27.5	-----	38.1	30.6	-----
Congestive Heart Failure	43	11.6	11.8	-----	16.3	19.5	-----	20.9	25.5	-----
Pneumonia/Influenza	47	10.6	12.5	-----	17.0	17.7	-----	21.3	21.1	-----
Chronic Obstructive Pulmonary Disease	10	20.0	7.2	-----	30.0	14.0	-----	30.0	19.2	-----
Transient Cerebral Ischemia	5	0.0	1.8	-----	0.0	4.1	-----	20.0	6.8	-----
Stroke	20	30.0	14.1	-----	30.0	19.5	-----	35.0	23.2	-----
Hip Fracture	26	15.4	5.0	-----	23.1	9.0	-----	26.9	12.5	-----
Sepsis	7	28.6	26.6	-----	28.6	32.2	-----	28.6	36.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	0.0	2.4	-----	0.0	5.0	-----	0.0	7.5	-----
Carotid Endarterectomy	1	0.0	0.6	-----	0.0	1.3	-----	0.0	2.3	-----
Hip Replacement/Reconstruction	19	15.8	2.9	-----	21.1	5.2	-----	26.3	7.3	-----
Open Reduction of Hip Fracture	16	6.3	4.0	-----	12.5	7.6	-----	12.5	10.9	-----
Prostatectomy	29	0.0	0.5	-----	0.0	1.3	-----	0.0	2.3	-----
Cholecystectomy	16	0.0	2.0	-----	0.0	3.8	-----	0.0	5.3	-----
Hysterectomy	9	11.1	0.3	-----	11.1	0.9	-----	22.2	1.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MEMORIAL HOSPITAL OF SHERIDAN COUNTY
Medicare Provider Number: 530006

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.8 years
Proportion female	58.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	92.9 %
Transferred from skilled nursing facility	4.8 %
Admitted for elective procedure	19.9 %
Admitted for emergency	6.1 %

COMORBIDITIES:

Cancer	6.8 %
Chronic cardiovascular disease	36.3 %
Chronic liver disease	1.0 %
Chronic renal disease	1.0 %
Chronic pulmonary disease	25.7 %
Cerebrovascular degeneration	6.0 %
Diabetes mellitus	5.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.0%
State	5.3%
Outside State	7.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.4 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	66
Occupancy Rate	48.0 %
Ownership/Control	Local Government
Medicare Discharges	39.1 %
Case Mix Index (CMI)	1.1403

STAFFING:

Total Number of Physicians	28
Percent of Physicians Board Certified Specialists	82.1 %
Medical Residents/Interns	0
Registered Nurses	61
Licensed Practical Nurses	7

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

MEMORIAL HOSPITAL SWEETWATER COUNTY

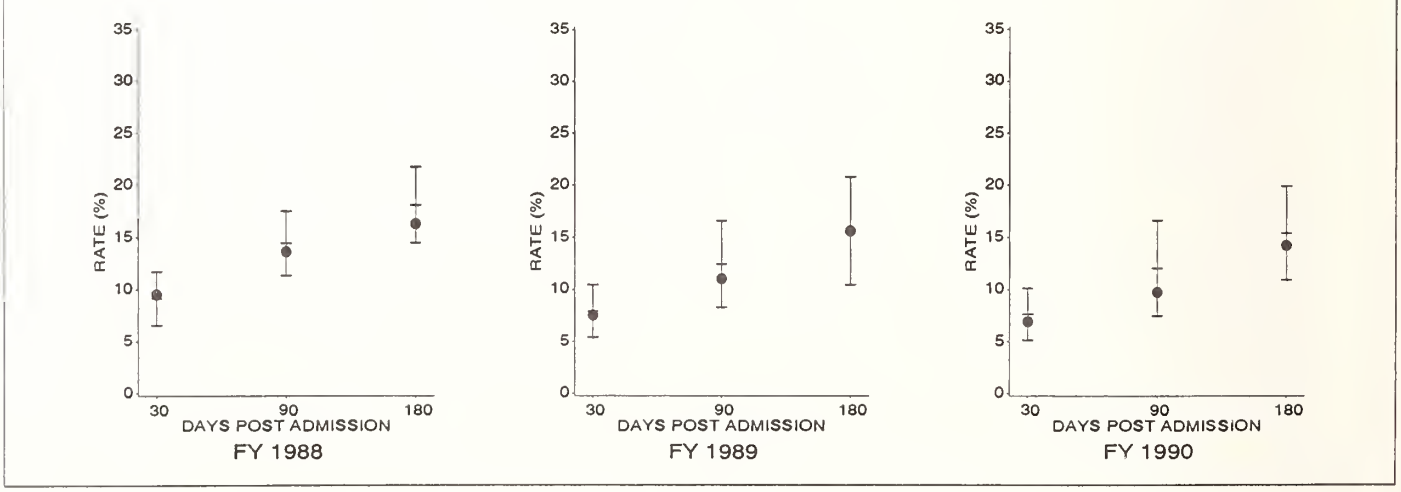
1200 COLLEGE DRIVE
ROCK SPRINGS, WY 82901
Medicare Provider Number: 530011

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	565	6.9	7.6	1.3	9.7	12.0	2.3	14.2	15.4	2.2
CONDITIONS:										
Acute Myocardial Infarction	17	5.9	18.3	-----	5.9	20.4	-----	5.9	22.9	-----
Congestive Heart Failure	18	0.0	9.6	-----	0.0	15.5	-----	11.1	20.3	-----
Pneumonia/Influenza	34	5.9	13.1	-----	20.6	18.6	-----	23.5	22.7	-----
Chronic Obstructive Pulmonary Disease	15	6.7	8.1	-----	6.7	14.0	-----	20.0	18.7	-----
Transient Cerebral Ischemia	7	14.3	2.6	-----	14.3	6.0	-----	14.3	10.1	-----
Stroke	24	25.0	18.3	-----	29.2	24.9	-----	33.3	28.8	-----
Hip Fracture	17	0.0	4.9	-----	0.0	8.8	-----	5.9	12.0	-----
Sepsis	6	50.0	33.9	-----	66.7	46.9	-----	66.7	53.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	4	0.0	3.6	-----	0.0	7.3	-----	0.0	10.1	-----
Open Reduction of Hip Fracture	11	0.0	4.5	-----	0.0	8.5	-----	9.1	11.8	-----
Prostatectomy	29	0.0	1.1	-----	0.0	2.7	-----	3.4	4.7	-----
Cholecystectomy	12	0.0	3.2	-----	0.0	5.4	-----	0.0	6.8	-----
Hysterectomy	5	0.0	1.1	-----	0.0	2.5	-----	0.0	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MEMORIAL HOSPITAL SWEETWATER COUNTY
Medicare Provider Number: 530011

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	51.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.5 %
Transferred from skilled nursing facility	0.2 %
Admitted for elective procedure	9.7 %
Admitted for emergency	12.4 %

COMORBIDITIES:

Cancer	8.3 %
Chronic cardiovascular disease	27.6 %
Chronic liver disease	1.4 %
Chronic renal disease	1.1 %
Chronic pulmonary disease	31.8 %
Cerebrovascular degeneration	6.7 %
Diabetes mellitus	3.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.7%
State	8.9%
Outside State	8.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.7 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	99
Occupancy Rate	40.0 %
Ownership/Control	Local Government
Medicare Discharges	21.1 %
Case Mix Index (CMI)	1.1563

STAFFING:

Total Number of Physicians	33
Percent of Physicians Board Certified Specialists	66.7 %
Medical Residents/Interns	0
Registered Nurses	60
Licensed Practical Nurses	33

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

NIOBRARA MEMORIAL HOSPITAL

921 BALLENCEE AVENUE
LUSK, WY 82225
Medicare Provider Number: 530027

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	46	10.9	7.5	-----	15.2	11.7	-----	17.4	14.8	-----
CONDITIONS:										
Acute Myocardial Infarction	1	0.0	8.7	-----	0.0	12.6	-----	0.0	14.3	-----
Congestive Heart Failure	7	42.9	14.4	-----	42.9	23.1	-----	57.1	29.4	-----
Pneumonia/Influenza	8	12.5	10.8	-----	25.0	14.8	-----	25.0	17.6	-----
Chronic Obstructive Pulmonary Disease	1	0.0	4.4	-----	0.0	8.1	-----	0.0	10.8	-----
Transient Cerebral Ischemia	1	0.0	1.7	-----	0.0	3.8	-----	0.0	6.9	-----
Stroke	1	0.0	14.4	-----	0.0	18.1	-----	0.0	21.1	-----
Hip Fracture	0									
Sepsis	1	0.0	7.8	-----	0.0	13.0	-----	0.0	15.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

NIOBRARA MEMORIAL HOSPITAL
Medicare Provider Number: 530027

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	79.8 years
Proportion female	67.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	95.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	19.6 %

COMORBIDITIES:

Cancer	2.2 %
Chronic cardiovascular disease	47.8 %
Chronic liver disease	0.0 %
Chronic renal disease	0.0 %
Chronic pulmonary disease	21.7 %
Cerebrovascular degeneration	2.2 %
Diabetes mellitus	4.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	85.3%
State	4.4%
Outside State	10.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.4 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	52
Occupancy Rate	71.0 %
Ownership/Control	District/Authority
Medicare Discharges	9.4 %
Case Mix Index (CMI)	0.9336

STAFFING:

Total Number of Physicians	2
Percent of Physicians Board Certified Specialists	50.0 %
Medical Residents/Interns	0
Registered Nurses	4
Licensed Practical Nurses	0

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

NORTH BIG HORN HOSPITAL

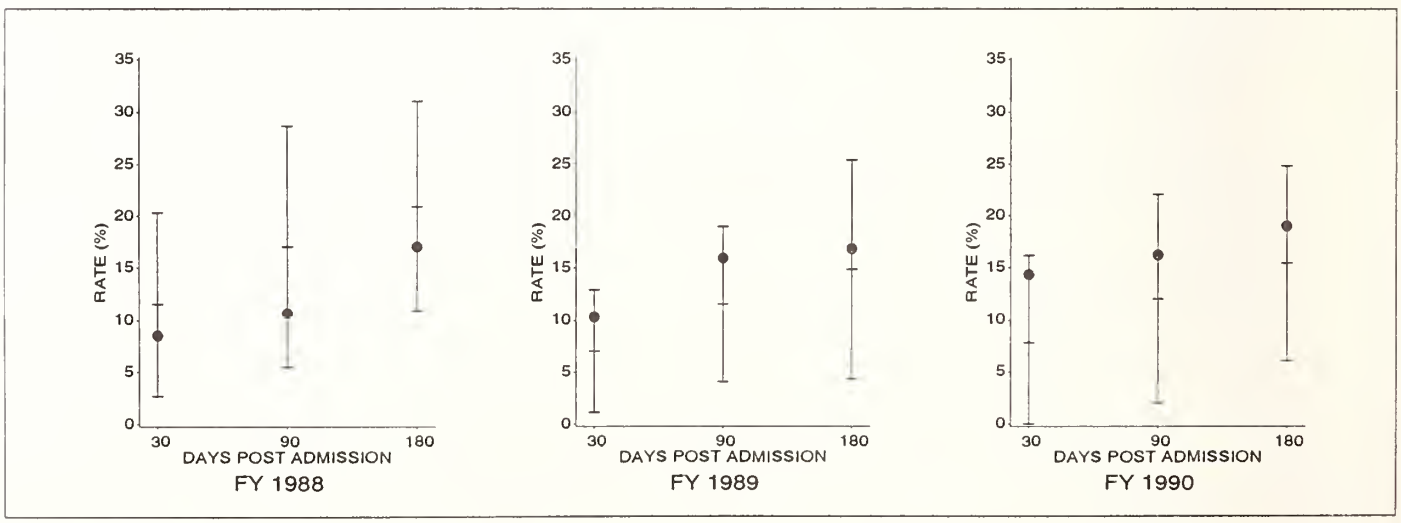
1115 LANE 12
LOVELL, WY 82431
Medicare Provider Number: 530029

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	105	14.3	7.8	4.2	16.2	12.0	5.0	19.0	15.4	4.7
CONDITIONS:										
Acute Myocardial Infarction	2	0.0	9.6	-----	0.0	11.4	-----	0.0	13.0	-----
Congestive Heart Failure	8	12.5	12.1	-----	12.5	19.2	-----	12.5	24.8	-----
Pneumonia/Influenza	12	33.3	15.8	-----	33.3	21.3	-----	50.0	25.6	-----
Chronic Obstructive Pulmonary Disease	2	50.0	5.3	-----	50.0	10.6	-----	50.0	16.3	-----
Transient Cerebral Ischemia	4	0.0	2.7	-----	0.0	6.3	-----	0.0	10.5	-----
Stroke	3	33.3	33.8	-----	66.7	48.5	-----	66.7	55.0	-----
Hip Fracture	0									
Sepsis	1	100.0	32.0	-----	100.0	37.3	-----	100.0	43.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	1	0.0	0.7	-----	0.0	1.4	-----	0.0	2.0	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



NORTH BIG HORN HOSPITAL
Medicare Provider Number: 530029

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	77.9 years
Proportion female	62.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	46.7 %
Transferred from skilled nursing facility	1.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	25.7 %

COMORBIDITIES:

Cancer	1.9 %
Chronic cardiovascular disease	24.8 %
Chronic liver disease	2.9 %
Chronic renal disease	2.9 %
Chronic pulmonary disease	15.2 %
Cerebrovascular degeneration	3.8 %
Diabetes mellitus	13.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	89.8%
State	7.0%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	3.9 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	91
Occupancy Rate	68.0 %
Ownership/Control	District/Authority
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	0.9260

STAFFING:

Total Number of Physicians	2
Percent of Physicians Board Certified Specialists	50.0 %
Medical Residents/Interns	0
Registered Nurses	8
Licensed Practical Nurses	3

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

* Not used in calculating mortality rates

PLATTE COUNTY MEMORIAL HOSPITAL

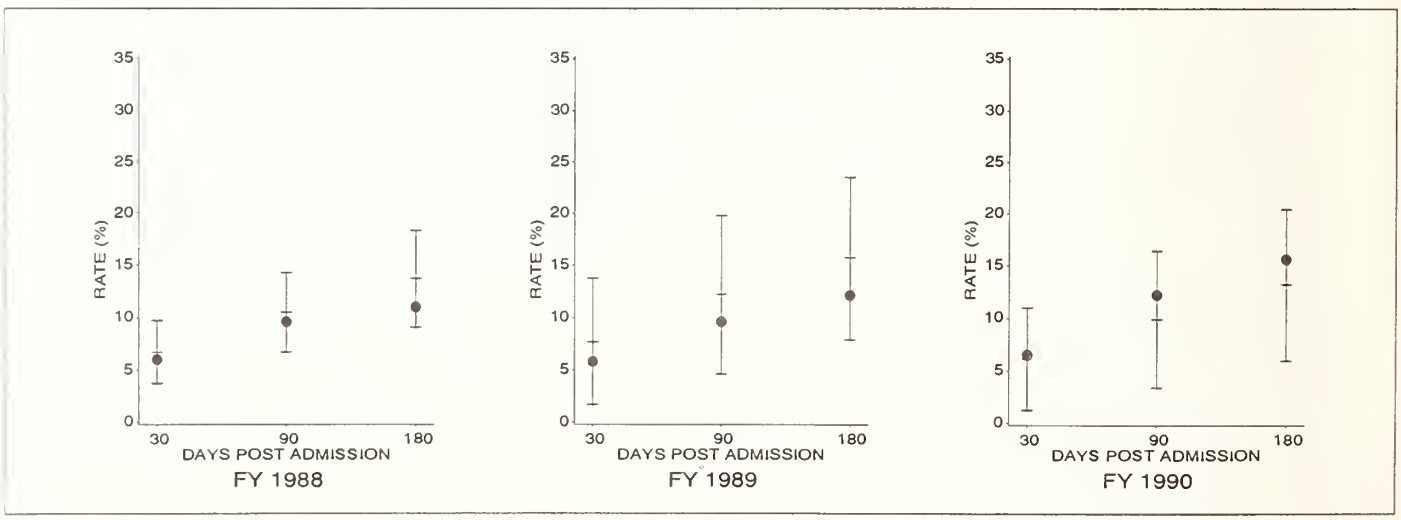
201 14TH STREET
WHEATLAND, WY 82201
Medicare Provider Number: 530019

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	263	6.5	6.1	2.4	12.2	9.9	3.3	15.6	13.2	3.6
CONDITIONS:										
Acute Myocardial Infarction	2	0.0	18.2	-----	0.0	20.5	-----	0.0	23.6	-----
Congestive Heart Failure	17	11.8	12.0	-----	29.4	19.3	-----	29.4	25.2	-----
Pneumonia/Influenza	16	12.5	9.6	-----	18.8	13.6	-----	18.8	17.0	-----
Chronic Obstructive Pulmonary Disease	3	0.0	3.8	-----	0.0	7.7	-----	0.0	11.1	-----
Transient Cerebral Ischemia	3	0.0	1.6	-----	33.3	3.8	-----	33.3	6.3	-----
Stroke	11	18.2	16.7	-----	18.2	22.1	-----	18.2	25.6	-----
Hip Fracture	4	0.0	8.5	-----	0.0	15.3	-----	75.0	20.1	-----
Sepsis	3	0.0	24.9	-----	33.3	29.0	-----	33.3	32.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	2	0.0	4.9	-----	0.0	10.2	-----	100.0	14.7	-----
Prostatectomy	1	0.0	1.6	-----	0.0	3.3	-----	0.0	5.7	-----
Cholecystectomy	1	0.0	3.4	-----	0.0	5.6	-----	0.0	6.8	-----
Hysterectomy	2	0.0	0.3	-----	0.0	0.8	-----	0.0	1.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PLATTE COUNTY MEMORIAL HOSPITAL
Medicare Provider Number: 530019

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.8 years
Proportion female	58.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	76.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	57.6 %
Admitted for emergency	9.1 %

COMORBIDITIES:

Cancer	3.8 %
Chronic cardiovascular disease	26.5 %
Chronic liver disease	0.4 %
Chronic renal disease	2.7 %
Chronic pulmonary disease	16.7 %
Cerebrovascular degeneration	4.2 %
Diabetes mellitus	8.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	89.6%
State	7.6%
Outside State	2.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.0 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	86
Occupancy Rate	77.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	0.9768

STAFFING:

Total Number of Physicians	4
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	21
Licensed Practical Nurses	4

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

POWELL HOSPITAL

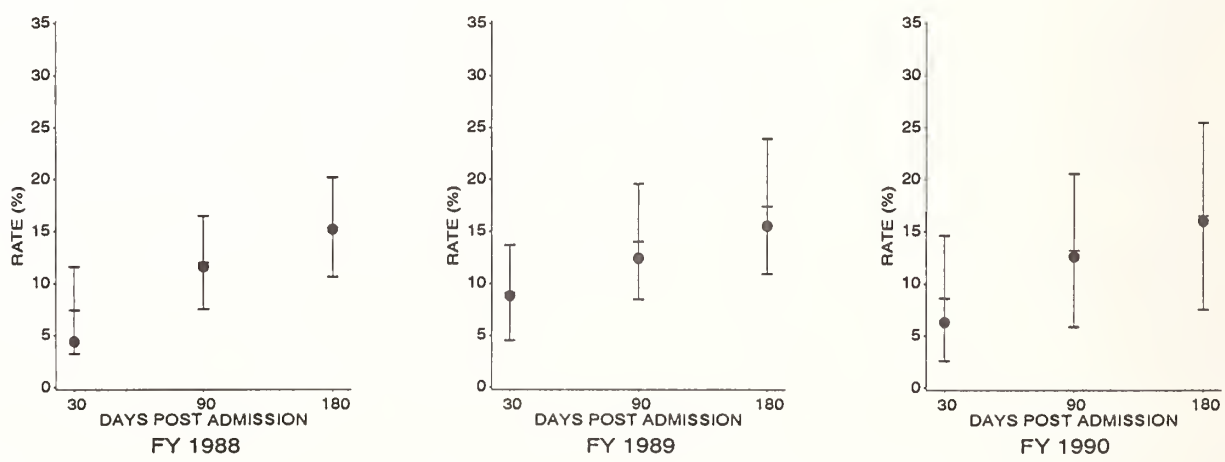
777 AVE H
POWELL, WY 82435
Medicare Provider Number: 530007

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	206	6.3	8.6	3.0	12.6	13.2	3.7	16.0	16.5	4.5
CONDITIONS:										
Acute Myocardial Infarction	5	40.0	33.3	-----	40.0	35.7	-----	40.0	38.8	-----
Congestive Heart Failure	5	0.0	11.3	-----	0.0	17.6	-----	0.0	22.6	-----
Pneumonia/Influenza	10	20.0	13.8	-----	30.0	19.5	-----	30.0	24.4	-----
Chronic Obstructive Pulmonary Disease	2	50.0	18.4	-----	50.0	34.1	-----	50.0	43.2	-----
Transient Cerebral Ischemia	3	0.0	1.5	-----	33.3	3.4	-----	33.3	5.4	-----
Stroke	4	0.0	15.2	-----	0.0	18.8	-----	0.0	21.7	-----
Hip Fracture	5	20.0	5.6	-----	60.0	10.6	-----	60.0	14.2	-----
Sepsis	1	0.0	11.7	-----	0.0	17.0	-----	0.0	19.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	1.2	-----	0.0	2.6	-----	0.0	4.0	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	1	0.0	4.1	-----	0.0	8.0	-----	0.0	10.5	-----
Prostatectomy	0									
Cholecystectomy	2	0.0	1.2	-----	0.0	2.3	-----	0.0	2.8	-----
Hysterectomy	1	0.0	0.1	-----	0.0	0.2	-----	0.0	0.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



POWELL HOSPITAL
Medicare Provider Number: 530007

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.2 years
Proportion female	64.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	34.0 %
Transferred from skilled nursing facility	6.3 %
Admitted for elective procedure	5.8 %
Admitted for emergency	36.9 %

COMORBIDITIES:

Cancer	4.9 %
Chronic cardiovascular disease	35.0 %
Chronic liver disease	1.0 %
Chronic renal disease	1.9 %
Chronic pulmonary disease	15.0 %
Cerebrovascular degeneration	6.8 %
Diabetes mellitus	10.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	79.6%
State	16.8%
Outside State	3.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.0 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	138
Occupancy Rate	76.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	41.5 %
Case Mix Index (CMI)	1.0516

STAFFING:

Total Number of Physicians	13
Percent of Physicians Board Certified Specialists	46.2 %
Medical Residents/Interns	0
Registered Nurses	23
Licensed Practical Nurses	8

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

* Not used in calculating mortality rates

RIVERTON MEMORIAL HOSPITAL

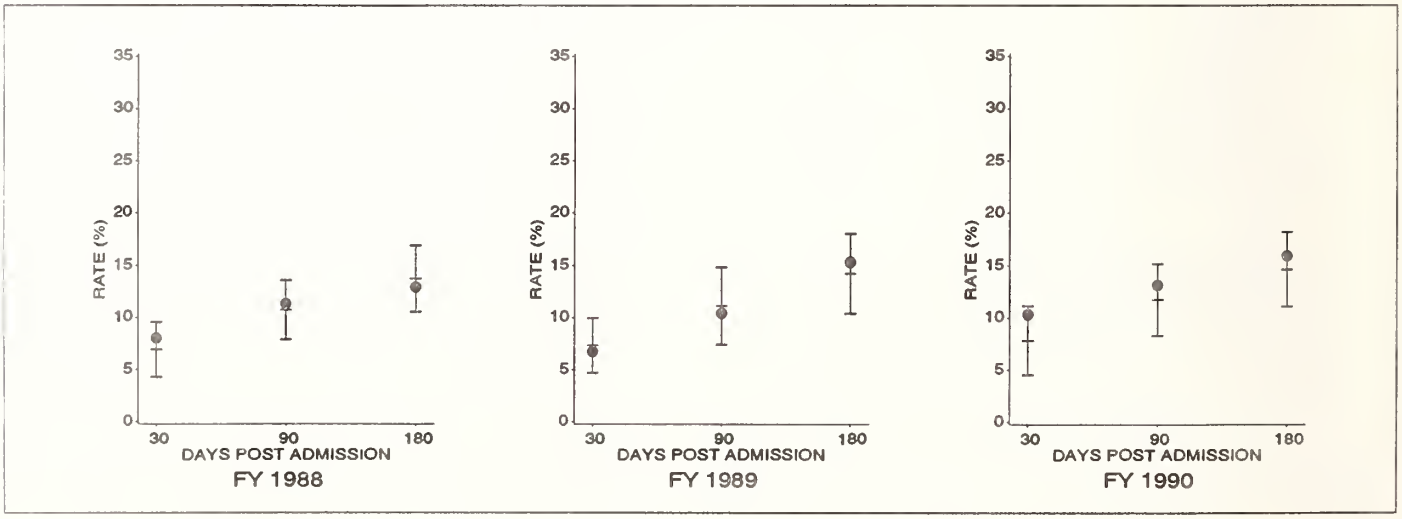
2100 W SUNSET DR
RIVERTON, WY 82501
Medicare Provider Number: 530008

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	458	10.3	7.8	1.7	13.1	11.7	1.7	15.9	14.6	1.8
CONDITIONS:										
Acute Myocardial Infarction	14	21.4	27.5	-----	21.4	30.0	-----	21.4	32.6	-----
Congestive Heart Failure	16	31.3	13.1	-----	31.3	20.3	-----	31.3	25.3	-----
Pneumonia/Influenza	16	6.3	10.8	-----	12.5	14.8	-----	12.5	17.7	-----
Chronic Obstructive Pulmonary Disease	13	0.0	6.1	-----	0.0	11.0	-----	0.0	14.9	-----
Transient Cerebral Ischemia	7	0.0	2.3	-----	0.0	5.5	-----	14.3	9.2	-----
Stroke	13	38.5	21.7	-----	46.2	27.6	-----	61.5	31.0	-----
Hip Fracture	6	0.0	3.9	-----	0.0	7.3	-----	16.7	10.1	-----
Sepsis	5	20.0	20.5	-----	20.0	27.8	-----	40.0	31.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	100.0	3.4	-----	100.0	6.1	-----	100.0	9.1	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	3	0.0	1.8	-----	0.0	3.4	-----	0.0	4.8	-----
Open Reduction of Hip Fracture	5	0.0	3.6	-----	0.0	6.9	-----	20.0	9.7	-----
Prostatectomy	24	0.0	0.6	-----	0.0	1.5	-----	0.0	2.7	-----
Cholecystectomy	12	8.3	0.9	-----	8.3	1.8	-----	8.3	2.7	-----
Hysterectomy	6	0.0	0.1	-----	0.0	0.4	-----	0.0	0.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



RIVERTON MEMORIAL HOSPITAL
Medicare Provider Number: 530008

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	52.2 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	48.9 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	18.6 %
Admitted for emergency	37.6 %

COMORBIDITIES:

Cancer	2.8 %
Chronic cardiovascular disease	28.2 %
Chronic liver disease	0.9 %
Chronic renal disease	1.7 %
Chronic pulmonary disease	16.8 %
Cerebrovascular degeneration	2.6 %
Diabetes mellitus	9.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.9%
State	8.7%
Outside State	3.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.7 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	70
Occupancy Rate	31.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	29.8 %
Case Mix Index (CMI)	1.0608

STAFFING:

Total Number of Physicians	25
Percent of Physicians Board Certified Specialists	60.0 %
Medical Residents/Interns	0
Registered Nurses	48
Licensed Practical Nurses	9

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

SOUTH BIG HORN HOSPITAL

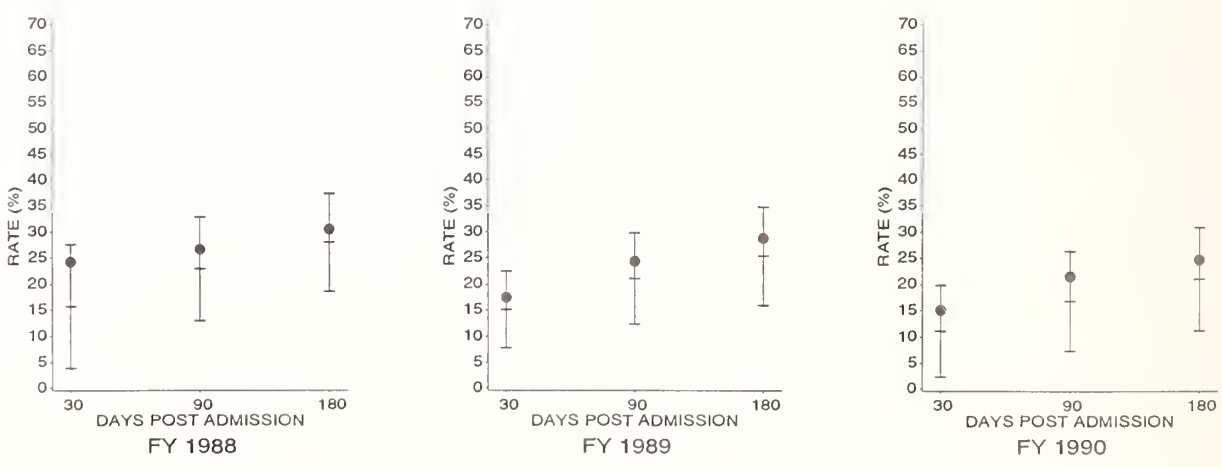
RIVER ROUTE
GREYBULL, WY 82426
Medicare Provider Number: 530024

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	93	15.1	11.1	4.4	21.5	16.8	4.7	24.7	21.0	4.9
CONDITIONS:										
Acute Myocardial Infarction	2	50.0	50.6	-----	50.0	62.9	-----	50.0	68.9	-----
Congestive Heart Failure	5	20.0	11.3	-----	20.0	18.5	-----	20.0	23.5	-----
Pneumonia/Influenza	16	25.0	12.5	-----	25.0	17.1	-----	25.0	20.7	-----
Chronic Obstructive Pulmonary Disease	6	16.7	11.8	-----	33.3	20.5	-----	33.3	25.8	-----
Transient Cerebral Ischemia	0									
Stroke	2	50.0	20.7	-----	50.0	27.8	-----	50.0	31.1	-----
Hip Fracture	0									
Sepsis	1	0.0	47.7	-----	0.0	51.9	-----	0.0	54.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SOUTH BIG HORN HOSPITAL
Medicare Provider Number: 530024

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	79.0 years
Proportion female	54.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	77.4 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	98.9 %

COMORBIDITIES:

Cancer	5.4 %
Chronic cardiovascular disease	36.6 %
Chronic liver disease	1.1 %
Chronic renal disease	1.1 %
Chronic pulmonary disease	22.6 %
Cerebrovascular degeneration	9.7 %
Diabetes mellitus	6.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	84.1%
State	9.9%
Outside State	6.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.1 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: Health Care Financing Administration (OSCAR)** - Survey Year 1990

PROFILE:

Total Beds	28
Ownership/Control	District/Authority
Case Mix Index (CMI)	0.9498

STAFFING:

Medical Residents/Interns	0
Registered Nurses	7
Licensed Practical Nurses	3

SPECIALTY SERVICES:

Burn Unit	No
Coronary Care Unit	Yes
Hospice Care	No
Intensive Care Unit	Yes
Organ Transplant	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

SOUTH LINCOLN MEDICAL CENTER

MOOSE AND ONYX STREETS
KEMMERER, WY 83101
Medicare Provider Number: 530017

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	43	14.0	12.0	-----	25.6	18.2	-----	32.6	22.6	-----
CONDITIONS:										
Acute Myocardial Infarction	2	0.0	27.3	-----	50.0	37.1	-----	50.0	41.7	-----
Congestive Heart Failure	7	14.3	12.8	-----	14.3	21.0	-----	28.6	27.2	-----
Pneumonia/Influenza	9	11.1	15.4	-----	11.1	20.5	-----	11.1	24.0	-----
Chronic Obstructive Pulmonary Disease	2	0.0	7.8	-----	50.0	13.0	-----	50.0	17.8	-----
Transient Cerebral Ischemia	2	0.0	0.9	-----	0.0	2.3	-----	0.0	4.0	-----
Stroke	1	100.0	21.7	-----	100.0	27.4	-----	100.0	32.6	-----
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	1	0.0	0.3	-----	0.0	0.7	-----	0.0	1.2	-----
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) Is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation
was not computed for one or more of the three fiscal years,
(1988, 1989, or 1990)

SOUTH LINCOLN MEDICAL CENTER
Medicare Provider Number: 530017

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.9 years
Proportion female	55.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	41.9 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	2.3 %
Admitted for emergency	23.3 %

COMORBIDITIES:

Cancer	9.3 %
Chronic cardiovascular disease	20.9 %
Chronic liver disease	0.0 %
Chronic renal disease	0.0 %
Chronic pulmonary disease	14.0 %
Cerebrovascular degeneration	2.3 %
Diabetes mellitus	0.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	93.9%
State	1.5%
Outside State	4.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	3.2 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	18
Occupancy Rate	11.1 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	20.8 %
Case Mix Index (CMI)	1.0214

STAFFING:

Total Number of Physicians	3
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	9
Licensed Practical Nurses	5

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

ST JOHNS HOSPITAL

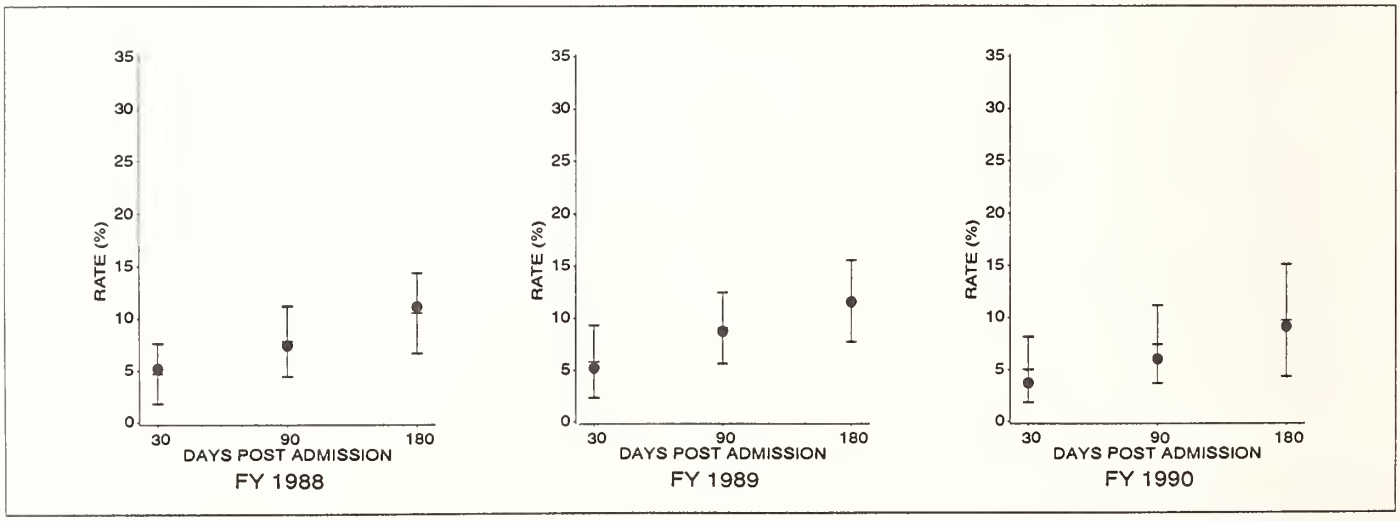
555 E BROADWAY
JACKSON, WY 83001
Medicare Provider Number: 530015

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	298	3.7	5.0	1.6	6.0	7.4	1.9	9.1	9.7	2.7
CONDITIONS:										
Acute Myocardial Infarction	10	30.0	19.2	-----	30.0	21.5	-----	30.0	24.0	-----
Congestive Heart Failure	8	12.5	9.7	-----	12.5	15.4	-----	12.5	21.0	-----
Pneumonia/Influenza	12	8.3	13.9	-----	8.3	18.3	-----	16.7	22.0	-----
Chronic Obstructive Pulmonary Disease	8	0.0	6.2	-----	0.0	10.5	-----	12.5	14.2	-----
Transient Cerebral Ischemia	1	0.0	0.3	-----	0.0	0.8	-----	0.0	1.5	-----
Stroke	7	0.0	17.5	-----	14.3	24.9	-----	14.3	29.9	-----
Hip Fracture	7	0.0	3.9	-----	14.3	7.1	-----	14.3	10.0	-----
Sepsis	3	66.7	26.3	-----	66.7	35.9	-----	66.7	41.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	1.6	-----	0.0	3.2	-----	0.0	4.9	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	5	0.0	2.7	-----	0.0	5.1	-----	0.0	7.5	-----
Open Reduction of Hip Fracture	3	0.0	4.0	-----	33.3	7.4	-----	33.3	10.1	-----
Prostatectomy	15	0.0	0.6	-----	0.0	1.4	-----	0.0	2.4	-----
Cholecystectomy	5	0.0	1.1	-----	0.0	2.4	-----	0.0	3.4	-----
Hysterectomy	4	0.0	0.3	-----	0.0	0.7	-----	0.0	1.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST JOHNS HOSPITAL
Medicare Provider Number: 530015

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.3 years
Proportion female	52.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	48.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	40.3 %
Admitted for emergency	52.3 %

COMORBIDITIES:

Cancer	1.7 %
Chronic cardiovascular disease	23.5 %
Chronic liver disease	1.0 %
Chronic renal disease	1.3 %
Chronic pulmonary disease	12.4 %
Cerebrovascular degeneration	4.0 %
Diabetes mellitus	3.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	47.2%
State	25.5%
Outside State	27.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.2 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	51
Occupancy Rate	60.0 %
Ownership/Control	District/Authority
Medicare Discharges	20.5 %
Case Mix Index (CMI)	1.0510

STAFFING:

Total Number of Physicians	(Not Available)
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	50
Licensed Practical Nurses	1

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

STAR VALLEY HOSPITAL

110 HOSPITAL LANE
AFTON, WY 83110
Medicare Provider Number: 530023

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	70	8.6	3.8	3.5	10.0	6.3	3.8	10.0	8.4	4.8
CONDITIONS:										
Acute Myocardial Infarction	4	25.0	14.6	-----	25.0	17.1	-----	25.0	19.6	-----
Congestive Heart Failure	2	0.0	11.8	-----	0.0	19.9	-----	0.0	26.1	-----
Pneumonia/Influenza	6	0.0	7.4	-----	0.0	10.4	-----	0.0	12.4	-----
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	1	0.0	0.6	-----	0.0	1.6	-----	0.0	2.9	-----
Stroke	1	100.0	9.2	-----	100.0	14.4	-----	100.0	17.6	-----
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	3	0.0	0.4	-----	0.0	0.7	-----	0.0	1.0	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation
was not computed for one or more of the three fiscal years,
(1988, 1989, or 1990)

STAR VALLEY HOSPITAL
Medicare Provider Number: 530023

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.2 years
Proportion female	51.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	100.0 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	98.6 %
Admitted for emergency	1.4 %

COMORBIDITIES:

Cancer	0.0 %
Chronic cardiovascular disease	27.1 %
Chronic liver disease	0.0 %
Chronic renal disease	4.3 %
Chronic pulmonary disease	5.7 %
Cerebrovascular degeneration	4.3 %
Diabetes mellitus	7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	91.4%
State	3.8%
Outside State	4.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	3.0 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	15
Occupancy Rate	33.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	16.3 %
Case Mix Index (CMI)	0.8713

STAFFING:

Total Number of Physicians	3
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	7
Licensed Practical Nurses	2

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

WASHAKIE COUNTY MEMORIAL HOSPITAL

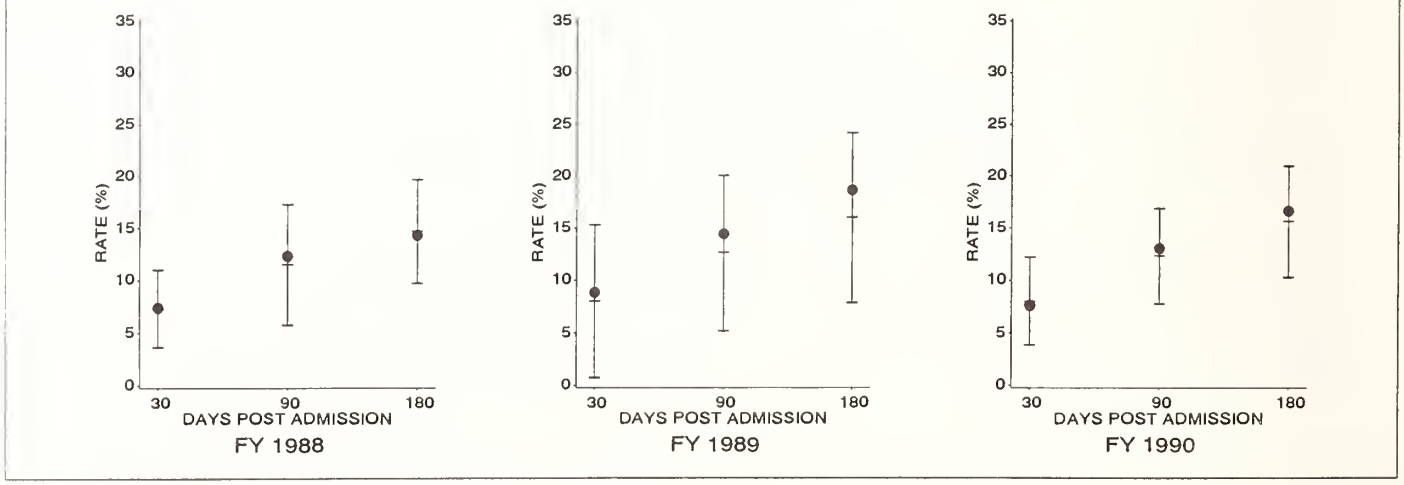
400 SOUTH 15TH STREET
WORLAND, WY 82401
Medicare Provider Number: 530022

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	223	7.6	8.0	2.1	13.0	12.3	2.3	16.6	15.6	2.7
CONDITIONS:										
Acute Myocardial Infarction	6	16.7	26.0	-----	16.7	28.8	-----	16.7	31.6	-----
Congestive Heart Failure	11	9.1	11.4	-----	18.2	18.2	-----	27.3	24.5	-----
Pneumonia/Influenza	22	0.0	10.0	-----	9.1	13.4	-----	9.1	16.1	-----
Chronic Obstructive Pulmonary Disease	5	0.0	9.1	-----	0.0	14.6	-----	0.0	18.8	-----
Transient Cerebral Ischemia	3	0.0	1.9	-----	0.0	4.3	-----	0.0	6.8	-----
Stroke	9	55.6	16.8	-----	55.6	22.8	-----	55.6	26.6	-----
Hip Fracture	1	100.0	8.9	-----	100.0	14.8	-----	100.0	20.9	-----
Sepsis	2	0.0	24.3	-----	0.0	30.8	-----	0.0	34.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	9	0.0	1.7	-----	0.0	3.4	-----	0.0	4.9	-----
Hysterectomy	5	0.0	0.5	-----	0.0	1.4	-----	0.0	2.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WASHAKIE COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 530022

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.9 years
Proportion female	56.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	63.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	13.9 %
Admitted for emergency	40.4 %

COMORBIDITIES:

Cancer	5.4 %
Chronic cardiovascular disease	35.4 %
Chronic liver disease	0.9 %
Chronic renal disease	0.4 %
Chronic pulmonary disease	16.1 %
Cerebrovascular degeneration	5.8 %
Diabetes mellitus	9.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	78.6%
State	18.1%
Outside State	3.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.3 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	30
Occupancy Rate	26.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	39.5 %
Case Mix Index (CMI)	1.0858

STAFFING:

Total Number of Physicians	8
Percent of Physicians Board Certified Specialists	75.0 %
Medical Residents/Interns	0
Registered Nurses	15
Licensed Practical Nurses	6

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	Yes
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

WEST PARK COUNTY HOSPITAL

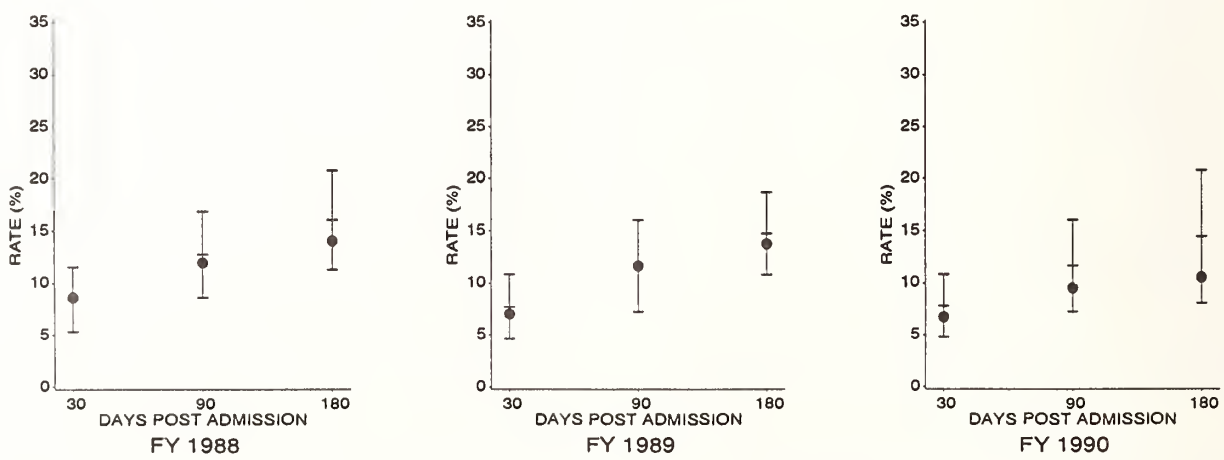
707 SHERIDAN
CODY, WY 82414
Medicare Provider Number: 530016

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	420	6.7	7.8	1.5	9.5	11.6	2.2	10.5	14.4	3.2
CONDITIONS:										
Acute Myocardial Infarction	7	42.9	24.7	-----	42.9	27.8	-----	42.9	30.7	-----
Congestive Heart Failure	19	0.0	12.7	-----	5.3	20.7	-----	15.8	27.0	-----
Pneumonia/Influenza	24	8.3	13.4	-----	12.5	18.5	-----	12.5	21.9	-----
Chronic Obstructive Pulmonary Disease	10	0.0	7.7	-----	10.0	13.5	-----	10.0	17.5	-----
Transient Cerebral Ischemia	5	0.0	2.1	-----	0.0	4.6	-----	0.0	7.4	-----
Stroke	17	17.6	19.7	-----	23.5	26.8	-----	23.5	31.0	-----
Hip Fracture	12	16.7	7.9	-----	16.7	12.8	-----	16.7	16.1	-----
Sepsis	6	0.0	24.2	-----	16.7	29.5	-----	16.7	34.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	1.6	-----	0.0	3.7	-----	0.0	6.3	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	8	25.0	6.3	-----	25.0	9.9	-----	25.0	11.7	-----
Open Reduction of Hip Fracture	5	0.0	5.0	-----	0.0	9.8	-----	0.0	13.8	-----
Prostatectomy	0									
Cholecystectomy	7	0.0	3.4	-----	0.0	5.0	-----	0.0	5.9	-----
Hysterectomy	3	0.0	0.2	-----	0.0	0.6	-----	0.0	1.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WEST PARK COUNTY HOSPITAL
Medicare Provider Number: 530016

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.0 years
Proportion female	56.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	42.1 %
Transferred from skilled nursing facility	1.2 %
Admitted for elective procedure	22.4 %
Admitted for emergency	54.0 %

COMORBIDITIES:

Cancer	4.3 %
Chronic cardiovascular disease	29.0 %
Chronic liver disease	1.2 %
Chronic renal disease	2.9 %
Chronic pulmonary disease	17.4 %
Cerebrovascular degeneration	5.5 %
Diabetes mellitus	5.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	75.3%
State	16.0%
Outside State	8.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.5 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	147
Occupancy Rate	83.0 %
Ownership/Control	District/Authority
Medicare Discharges	33.8 %
Case Mix Index (CMI)	1.0895

STAFFING:

Total Number of Physicians	23
Percent of Physicians Board Certified Specialists	60.9 %
Medical Residents/Interns	0
Registered Nurses	36
Licensed Practical Nurses	11

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

WESTON COUNTY HOSPITAL

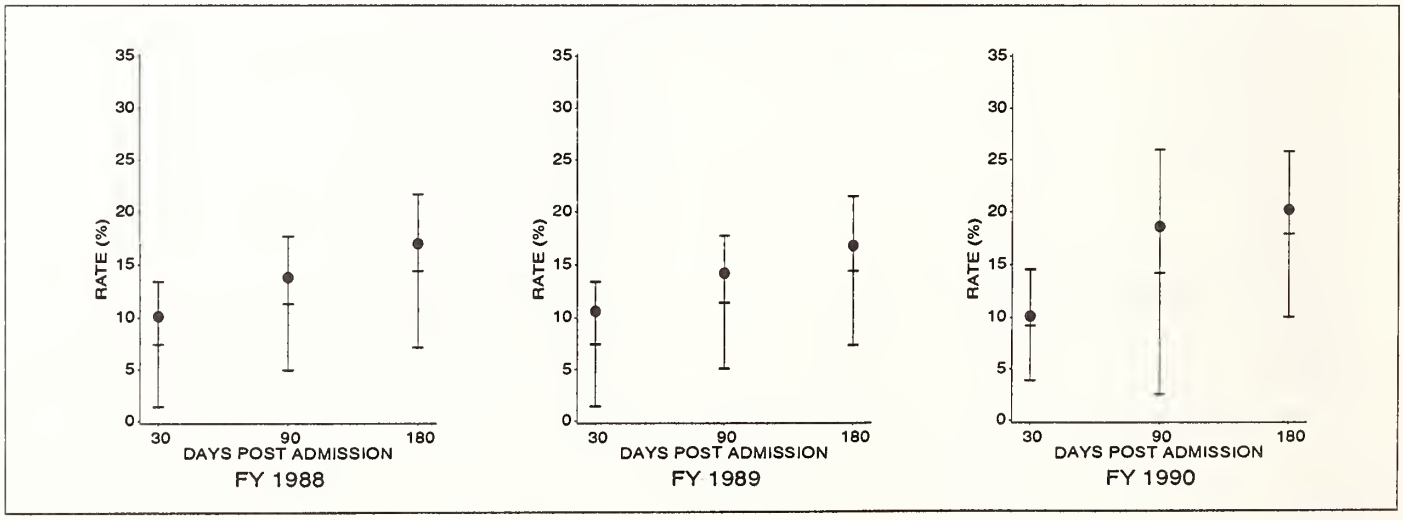
1124 WASHINGTON BLVD
NEWCASTLE, WY 82701
Medicare Provider Number: 530003

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	129	10.1	9.2	2.7	18.6	14.2	5.9	20.2	17.9	3.9
CONDITIONS:										
Acute Myocardial Infarction	5	20.0	24.1	-----	20.0	26.2	-----	20.0	28.9	-----
Congestive Heart Failure	6	0.0	17.8	-----	16.7	28.4	-----	16.7	35.2	-----
Pneumonia/Influenza	12	25.0	18.0	-----	33.3	27.0	-----	41.7	32.5	-----
Chronic Obstructive Pulmonary Disease	5	0.0	7.5	-----	20.0	13.2	-----	20.0	17.9	-----
Transient Cerebral Ischemia	1	0.0	2.3	-----	0.0	5.2	-----	0.0	8.6	-----
Stroke	5	40.0	19.0	-----	60.0	26.4	-----	60.0	30.7	-----
Hip Fracture	0									
Sepsis	1	0.0	23.8	-----	100.0	27.9	-----	100.0	33.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	5	0.0	0.6	-----	0.0	1.4	-----	0.0	2.5	-----
Cholecystectomy	2	0.0	1.7	-----	0.0	2.6	-----	0.0	3.2	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WESTON COUNTY HOSPITAL
Medicare Provider Number: 530003

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	77.0 years
Proportion female	56.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	82.9 %
Transferred from skilled nursing facility	0.8 %
Admitted for elective procedure	8.5 %
Admitted for emergency	0.8 %

COMORBIDITIES:

Cancer	7.8 %
Chronic cardiovascular disease	31.0 %
Chronic liver disease	0.0 %
Chronic renal disease	0.8 %
Chronic pulmonary disease	17.1 %
Cerebrovascular degeneration	5.4 %
Diabetes mellitus	9.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	90.8%
State	1.9%
Outside State	7.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	4.2 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	61
Occupancy Rate	72.0 %
Ownership/Control	Local Government
Medicare Discharges	42.1 %
Case Mix Index (CMI)	0.9574

STAFFING:

Total Number of Physicians	4
Percent of Physicians Board Certified Specialists	100.0 %
Medical Residents/Interns	0
Registered Nurses	10
Licensed Practical Nurses	2

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

WYOMING MEDICAL CENTER

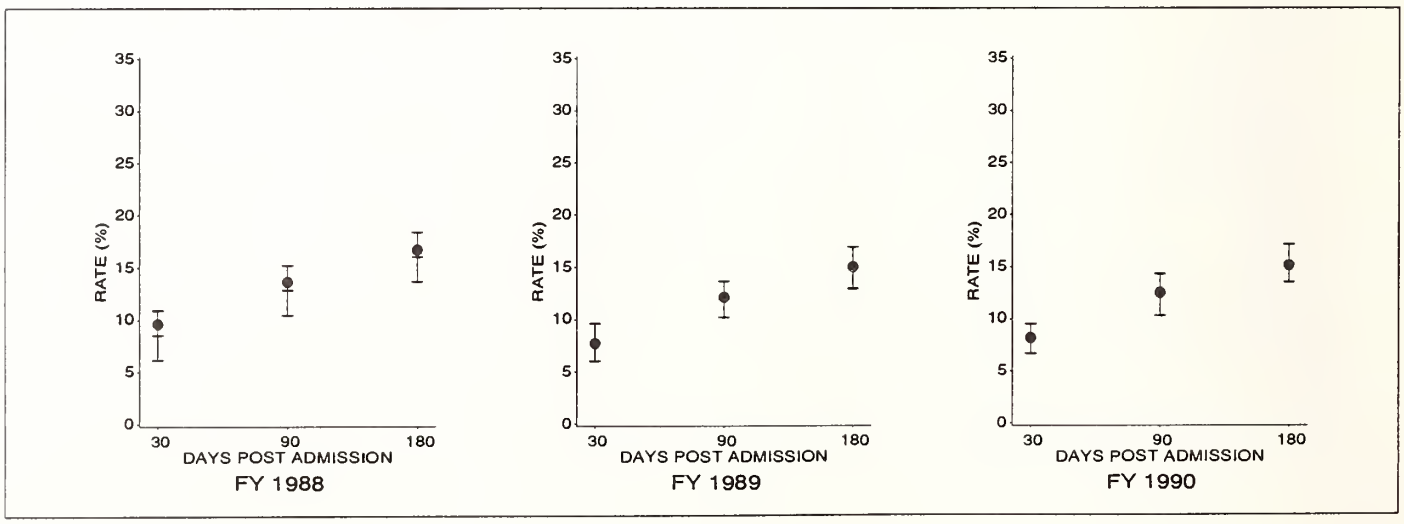
1233 EAST 2ND STREET
CASPER, WY 82601
Medicare Provider Number: 530012

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1594	8.2	8.1	0.7	12.5	12.3	1.0	15.1	15.3	0.9
CONDITIONS:										
Acute Myocardial Infarction	65	9.2	23.6	7.7	13.8	26.8	8.3	15.4	29.5	7.9
Congestive Heart Failure	58	10.3	13.0	5.5	13.8	20.9	8.4	27.6	26.7	6.7
Pneumonia/Influenza	62	14.5	16.4	5.0	21.0	23.3	6.4	22.6	27.3	6.8
Chronic Obstructive Pulmonary Disease	40	10.0	6.4	-----	15.0	11.7	-----	20.0	15.7	-----
Transient Cerebral Ischemia	5	0.0	1.2	-----	20.0	3.0	-----	20.0	5.3	-----
Stroke	42	28.6	19.1	-----	28.6	24.9	-----	31.0	28.6	-----
Hip Fracture	41	9.8	7.0	-----	17.1	12.8	-----	19.5	16.7	-----
Sepsis	17	47.1	25.3	-----	52.9	33.5	-----	58.8	38.5	-----
PROCEDURES:										
Angioplasty	63	3.2	3.7	3.4	3.2	4.5	3.0	4.8	5.5	2.9
Coronary Artery Bypass Graft	64	6.3	5.7	3.9	9.4	8.3	3.5	9.4	9.4	3.7
Initial Pacemaker Insertion	15	6.7	2.2	-----	6.7	4.6	-----	6.7	6.9	-----
Carotid Endarterectomy	20	0.0	1.1	-----	0.0	2.1	-----	0.0	3.1	-----
Hip Replacement/Reconstruction	32	3.1	3.8	-----	6.3	7.1	-----	9.4	9.5	-----
Open Reduction of Hip Fracture	19	10.5	6.2	-----	21.1	11.6	-----	21.1	15.6	-----
Prostatectomy	58	5.2	0.7	4.1	5.2	1.7	3.5	6.9	3.0	5.1
Cholecystectomy	57	10.5	3.8	6.4	14.0	6.3	7.2	14.0	8.1	6.7
Hysterectomy	14	0.0	0.2	-----	0.0	0.4	-----	0.0	0.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WYOMING MEDICAL CENTER
Medicare Provider Number: 530012

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.5 years
Proportion female	51.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	89.8 %
Transferred from skilled nursing facility	4.6 %
Admitted for elective procedure	37.3 %
Admitted for emergency	43.9 %

COMORBIDITIES:

Cancer	6.2 %
Chronic cardiovascular disease	34.0 %
Chronic liver disease	1.6 %
Chronic renal disease	1.8 %
Chronic pulmonary disease	20.9 %
Cerebrovascular degeneration	3.8 %
Diabetes mellitus	7.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	71.8%
State	23.5%
Outside State	4.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.9 Days
State	6.3 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	225
Occupancy Rate	52.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.6076

STAFFING:

Total Number of Physicians	92
Percent of Physicians Board Certified Specialists	88.0 %
Medical Residents/Interns	0
Registered Nurses	268
Licensed Practical Nurses	20

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

WYOMING

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	9,765	8.4	7.8	0.3	12.6	12.0	0.4	15.7	15.2	0.5
CONDITIONS:										
Acute Myocardial Infarction	285	21.8	24.0	3.9	24.6	26.9	4.4	26.7	29.7	4.9
Congestive Heart Failure	425	11.8	13.1	1.7	17.2	20.9	2.5	24.9	26.7	3.2
Pneumonia/Influenza	581	12.9	13.4	1.9	19.3	18.8	1.7	22.9	22.5	1.8
Chronic Obstructive Pulmonary Disease	236	10.6	7.3	2.4	16.9	12.8	3.0	19.9	17.0	2.9
Transient Cerebral Ischemia	117	0.9	1.7	1.4	4.3	4.0	1.8	7.7	6.7	2.5
Stroke	276	26.4	18.5	3.4	31.2	24.5	3.3	34.8	28.4	3.3
Hip Fracture	233	7.3	5.7	3.1	13.3	10.3	4.6	17.2	13.7	4.9
Sepsis	98	28.6	24.3	6.4	35.7	31.8	6.2	40.8	36.7	6.3
PROCEDURES:										
Angioplasty	75	2.7	3.8	3.7	2.7	4.6	3.4	4.0	5.6	3.1
Coronary Artery Bypass Graft	81	4.9	5.6	3.1	7.4	8.1	3.1	8.6	9.2	3.5
Initial Pacemaker Insertion	38	5.3	2.6	-----	5.3	5.4	-----	5.3	8.1	-----
Carotid Endarterectomy	21	0.0	1.1	-----	0.0	2.1	-----	0.0	3.1	-----
Hip Replacement/Reconstruction	143	5.6	3.1	2.8	9.8	5.8	4.0	11.9	7.8	4.3
Open Reduction of Hip Fracture	124	4.0	4.9	2.2	8.9	9.2	2.7	12.9	12.5	3.0
Prostatectomy	278	1.1	0.8	0.7	1.1	1.9	1.0	3.2	3.3	1.3
Cholecystectomy	203	3.9	2.5	2.4	4.9	4.3	2.4	4.9	5.6	2.4
Hysterectomy	90	1.1	0.5	1.0	1.1	1.1	1.1	3.3	1.8	2.0

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.6 years
Proportion female	55.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	61.5 %
Transferred from skilled nursing facility	1.6 %
Admitted for elective procedure	20.4 %
Admitted for emergency	31.0 %

COMORBIDITIES:

Cancer	5.5 %
Chronic cardiovascular disease	31.7 %
Chronic liver disease	1.0 %
Chronic renal disease	1.8 %
Chronic pulmonary disease	18.9 %
Cerebrovascular degeneration	5.1 %
Diabetes mellitus	6.7 %

ALL STATES

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	6,542,299	9.0	9.0	-----	13.9	13.7	-----	17.3	17.1	-----
CONDITIONS:										
Acute Myocardial Infarction	204,673	25.3	25.6	-----	29.5	28.7	-----	32.1	31.4	-----
Congestive Heart Failure	335,426	14.3	14.4	-----	22.9	22.8	-----	29.2	29.0	-----
Pneumonia/Influenza	313,303	15.3	15.5	-----	21.5	21.3	-----	25.5	25.1	-----
Chronic Obstructive Pulmonary Disease	107,387	8.0	8.0	-----	14.1	14.0	-----	18.7	18.5	-----
Transient Cerebral Ischemia	96,866	1.8	1.8	-----	4.0	4.0	-----	6.4	6.5	-----
Stroke	241,803	19.7	19.8	-----	26.5	26.3	-----	30.4	30.0	-----
Hip Fracture	163,386	6.7	6.5	-----	11.7	11.5	-----	15.1	15.0	-----
Sepsis	80,999	25.6	25.7	-----	34.6	33.8	-----	39.8	38.6	-----
PROCEDURES:										
Angioplasty	58,026	3.0	3.0	-----	4.0	4.0	-----	5.0	4.9	-----
Coronary Artery Bypass Graft	80,798	6.0	5.7	-----	8.3	8.1	-----	9.5	9.2	-----
Initial Pacemaker Insertion	49,642	3.2	3.3	-----	6.5	6.3	-----	9.1	9.1	-----
Carotid Endarterectomy	29,990	1.6	1.5	-----	2.8	2.8	-----	4.0	4.1	-----
Hip Replacement/Reconstruction	122,156	3.4	3.2	-----	6.2	5.9	-----	8.1	8.0	-----
Open Reduction of Hip Fracture	80,075	6.1	6.0	-----	11.2	11.0	-----	14.5	14.5	-----
Prostatectomy	211,087	0.9	1.0	-----	2.2	2.3	-----	3.7	3.8	-----
Cholecystectomy	124,259	2.9	2.7	-----	5.0	4.9	-----	6.5	6.5	-----
Hysterectomy	53,905	0.7	0.7	-----	1.4	1.5	-----	2.2	2.4	-----

* The Standard Deviation (SD) is not calculated.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.1 years	Cancer	7.6 %
Proportion female	55.9 %	Chronic cardiovascular disease	36.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	46.1 %	Chronic renal disease	3.4 %
Transferred from skilled nursing facility	1.1 %	Chronic pulmonary disease	15.0 %
Admitted for elective procedure	22.0 %	Cerebrovascular degeneration	3.9 %
Admitted for emergency	46.5 %	Diabetes mellitus	8.0 %

Hospital Comments

Memorial Hospital
of Laramie County
People Caring For People

300 East 23rd Street Cheyenne, WY 82001-3790 307/634-CARE (307/634-2273)

Medicare Provider Number: 530014

March 12, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

ATTN: Robert Moore

RE: Medicare Hospital Information Release - 1992

Memorial Hospital of Laramie County has reviewed the 1990 Medicare mortality analysis and requests that the following comments be a part of any public release of this hospital's data.

Memorial Hospital of Laramie County has a continuous quality management program that is constantly reviewing many issues of patient care. As a part of that program, each death occuring at the hospital is reviewed one or more times. However, the hospital would point out that we do not feel mortality data alone is a valid measure of quality of care.

Deaths occuring 30, 90 and 180 days after discharge may or may not be related in any way to care received at the hospital or the hospitalizing illness. The hospital does not have access to death information for patients who die after leaving the hospital and would piont out that the cause of death may be totally unrelated to the reason for admission or care received at the hospital.

Memorial Hospital has compared all of their mortality rates for which the sample size was large enough to be statistically meaningful to the rates predicted by HCFA. In every instance, the rates are well within the confidence interval at the 95 percent confidence level, indicating that the differences between observed and predicted rates are likely to be the result of random variation and therefore are not likely to be meaningful.

Medicare Provider Number: 530014

In all cases where HCFA compares Memorial Hospital's observed mortality rate for a specific condition or procedure to the HCFA predicted rate, the sample size is too small to calculate a reliable measure of significance. In these instances, the data must be considered uninterpretable.

HCFA is now using complicated statistical methods to analyze the data and calculate the death rates. The new mortality analysis is both hard to produce and even harder to understand for persons without some knowledge of statistics.

Memorial Hospital of Laramie County supports the development of meaningful quality data that can be used by the public. However, we feel this latest analysis of mortality data by HCFA, despite the complexity of the analysis, is not a valid indicator of quality and may be misleading to the general public.

For additional information contact: Jane Dorn, Director of Planning.

Sincerely,

Jon M. Gates
Administrator

JMG/ce

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